The Journal OF THE South Carolina Medical Association

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JOURNAL S. C., MED. ASS'N., CHARLESTON, S. C.

THE PREVALENCE OF PELLAGRA.*

By J. W. Babcock,

(Physician and Superintendent, State Hospital for the Insane, Columbia, S. C.)

Grateful acknowledgment is made to officers of the U. S. P. H. and M. H. Service, and to assistants in the Library, S. G. O., Army Medical Museum, Washington, D. C., for many courtesies and valuable aid while preparing this paper.)

At the last meeting of this Association a collaborated report (1) was presented upon the known and estimated statistics of pellagra in this country. At the request of your committee on programme, I renew and amplify the topic to-day. Unfortunately, I must still speak from the asylum point of view, reliable statistics from the general population not yet being available from many States.

*Read before Am. Med. Psycholog. Assoc., Washington, D. C., May 5, 1910.

Prevalence.

In the previous paper it was stated that 1,000 cases of pellagra had been reported from thirteen States, more than half being in insane asylums and similar institutions. These cases were, for the most part, in the South Atlantic and Gulf States, and a conservative estimate was given of the occurrence of 1,500 cases in the Southern States in the three preceding years. When our manuscript went to press in the early fall the number of States in which pellagra had been reported had reached sixteen, two interesting foci of the disease having been discovered in Illinois in July and August at the Cook County and Bartonville Hospitals, respectively.

In December, 1909, records were at hand of the existence of pellagra in twenty-six States. A few cases of the disease had been diagnosed or suspected in Massachusetts, New York, New Jersey, Pennsylvania, Maryland, Oklahoma, Arkansas, Kentucky, Iowa, Kansas, California, Ohio, New Mexico and Colorado. Some of these were "imported."

While in the following States pellagra had been recognized as present in more formidable proportions among natives and residents, more especially in insane asylums—Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas, Tennessee and Illinois.

To these we may now add Vermont and Missouri.

Since this paper was read single cases of pellagra have been reported from Rhode Island, West Virginia and the District of Columbia; and record may now be entered of the discovery of another interesting focus of the disease recently made at the Philadelphia Hospital for the Insane, ("Blockley").

PELLAGRA IN THE UNITED STATES.

STATES.	CASES.
1. Massachuetts	3
2. New York	3
3. New Jersey (imported)	1
4. Pennsylvania	33
5. Maryland	7
6. Virginia	100-300
7. North Carolina	200
8. South Carolina	500
9. Georgia	670
10. Florida	50
11. Alabama	330
12. Mississippi	188
13. Louisiana	500 (?)
14. Texas	100
15. Oklahoma	1
16. Arkansas	1
17. Tennessee	51
18. Kentucky	5
19. Illinois	250
20. Iowa	2
21. Kansas	2
22. California	7
23. Indiana	1 (?)
24. Ohio	1
25. New Mexico	2
26. Colorado	1 (?)
27. Missouri	3
28. Vermont	1
29. Rhode Island	1
30. West Virginia	1
31. District of Columbia	1

This table indicates that pellagra exists, or is suspected, in 30 States and the District of Columbia, and that the number of cases approximates 3,000. Some of the figures are based upon actual cases and others upon general estimates. While some estimates seem large, nearly all are made by health officers, or physicians, who have had experience with both statistics and pellagra, so that upon the whole the sum total may, as was claimed for the estimates last year, be considered as conservative. That 5,000 cases of pellagra have occurred in the United States in the last five years is probably true.

NORTH CAROLINA—"There is satisfactory proof that at least one case of pellagra occurred in this State as far back as 1889. There are definite records of 200 cases in North Carolina. It is difficult to estimate how many cases occurred in the State as a whole. It is certain that only a small portion have been recognized. It is no unusual thing for us to find, in running down one case, four or five more very mild cases in the same house." (2.)

ALABAMA—(Dr. J. T. Searcy.) Pellagra statistics in asylums up to December, 1909:

The Bryce Hospital since 1896:

White men	6
White women	21
Total	27
Deaths	18

Mt. Vernon (Colored) Hospital since 1896:

Negro men	66
Negro women	144
Total	216
Deaths	121

Average number of white patients....1,350
" " " colored " 650

A press report based upon records of the Alabama Board of Health states: Fifty-five persons (21 white and 34 negroes) died of pellagra from January 1, 1909, to October 1, 1909, and 38 cases were still under observation.

SOUTH CAROLINA—"The disease has been recognized in Charleston since March, 1908, but it is a very general opinion among the local physicians there that pellagra has existed in that city for twenty years or more under other diagnoses. Nineteen cases—white males, 6; colored males, 3; colored females, 10—have been recognized. Ten have died. The death rate in insane cases was especially high." (3.)

I will pass among you two maps, showing the local origin of 137 cases of pellagra admitted to the South Carolina State Hospital from January 1, 1908, to November 1, 1909. (About 12 per cent. of the total admissions.). In the State Hospital last year out of 605 admissions, 92, or 15 per cent., had pellagra on admission, and there were 68 deaths from the disease. The other map is based upon reports to the secretary of the State Board of Health from physicians upon pellagra throughout the State.

The most striking feature about these two maps is the greater prevalence of the disease, just as has been suspected, above the "fall line," or in the upper part of the State.

LOUISIANA—"The number of cases of pellagra in the State positively diagnosed is about 75, of which 85 per cent. are in State institutions." (4.)

VERMONT—A press dispatch under date of April 17, 1910, reports what is said to be the first case of pellagra in Vermont, in a woman, at the Fanny Allen Hospital, at Burlington.

PENNSYLVANIA—Passed Assistant Surgeon John D. Long, U. S. P. H. and M. H. Service, tells me that about June 1, 1910, in consultation with the medical officers of the Philadelphia Hospital for the Insane ("Blockley") he saw in that institution nine cases of pellagra and sixteen suspects.

RHODE ISLAND—A dispatch dated July 12th announces the death at the State Alms House at Providence of the first case of pellagra in the State, a man 55 years old.

CUBA—"It has been taken for granted that pellagra does not exist in Cuba, but Dr. Manuel Bango says very rarely cases have been imported from the Austrias, and occasionally a tentative diagnosis has been made in natives or residents, usually alcoholists or sufferers with sprue." (5.)

Such are some of the current reports and comments about the prevalence of pellagra. They could easily be multiplied.

The general attitude of the American medical mind towards the possible existence of pellagra in this country is well illustrated by the fact that one of our highest authorities on diagnosis a few years ago, while on a visit in South Carolina, after carefully studying a typical pellagrin, rendered the opinion to his equally puzzled fellow-consultants that it was a case of "glossitis." This incident may soothe our profesional conscience somewhat, but it does not excuse us. I know that I should have made the diagnosis of pellagra in South Carolina nearly nineteen years ago. If pellagra and beriberi have admittedly occurred in our asylums, sporadically or endemically, shall we not learn a lesson therefrom and hereafter be on the alert for other so-called tropical diseases?

Neither the occasion nor space permit consideration of foreign statistics, however interesting and instructive they may be. But briefly, it may be noted that,

according to the circular recently issued by the British pellagra investigation committee: "In certain countries within the Mediterranean regions, such as Spain, Italy and Roumania, pellagra is looked upon as a veritable calamity. For Italy a yearly estimate of from 50,000 to 60,000 standing cases is no exaggeration; while Roumania, with a population of 5,300,000, is estimated to have from 40,000 to 50,000 cases." When we recall that according to different authorities from 4 to 10 per cent. of pellagrins become insane, we can understand the significance of these figures to alienists as well as to sanitarians and publicists.

The evidence is accumulating that pellagra has probably existed in this country since the "big war," at least Gray and Tyler went on record with reports of cases in 1864—and it is worth recalling that it was at a meeting of this Association in this city—and there is reason to believe that the disease was prevalent at the same time in the Andersonville, Ga., prison. Dr. Wm. W. Kerr, of Corsicana, Texas, an assistant surgeon of the prison, is my authority for the statement. A former assistant physician in the South Carolina Asylum, Dr. H. N. Sloan, says the disease was recognized and called pellagra there in the early 70's, but I have found no printed or written record of it. Dr. J. L. Thompson, for many years assistant physician, as well as old attendants, in the same hospital, are now satisfied that they can trace the disease back to the early 80's. As stated above, Charleston physicians now admit the occurrence of pellagra in their city twenty years or more ago. In addition to the early cases mentioned in the paper last year, I have learned from Dr. C. C. Bass that Dr. Bemis, of New Orleans, left a written diagnosis of a case in the Charity Hospital in 1889. Dr. Isadore Dyer, of New Orleans, had a case diagnosed as pellagra, and referred to him for treatment by an Alabama physician six months before Dr. G. H. Searcy observed the disease. So we may conclude that isolated cases of pellagra, native and imported, have probably occurred in general practice, and especially in asylum and hospitals, for the last half-century, although the diagnosis may not always have been correctly made. But after granting the occurrence of sporadic cases for a long time we must admit that we are now passing through a serious epidemic of pellagra.

A phase of the psychology of the problem has been the failure of the profession to recognize pellagra, if it has heretofore been prevalent in anything like its present proportions. The explanation of, or the responsibility for this oversight, rests largely with the authors of English and American textbooks, of both general practice and insanity, who have told us, if they told us anything at all about it, that pellagra is an Italian disease that does not occur in our country. (6.) But in 1882 Van Harlingen (7) announced that the disease was likely to occur in the United States at any time.

So careful an authority as Surgeon Rupert Blue, of the U. S. P. H. and M. H. Service, states that he is of the opinion that pellagra can be found to-day in nearly all of the insane asylums and alms houses of this country." (8.)

It is my impression that the discovery of the existence of pellagra in their institutions is not welcomed by some asylum officers. Recently while visiting such a hospital in which the disease had not yet been recognized, I saw and called attention to an unmistakable case, but I was not invited to extend my observations.

This statement is probably too sweeping, but it serves to indicate how important it is that accurate statistics should be secured at an early date.

Less than two and one-half years ago pellagra was but a shadow of a name to most of us. The increasing number of States reporting the disease and the figures quoted above, indicate, to some extent, how common in some communities as well as how widely disseminated the disease is, and probably has been for

some years, in the United States. By asylum officers—shall I say in the South only?—pellagra is now becoming recognized as of great importance as a cause of insanity.

It is to emphazise the above facts that I have, after hesitation, undertaken, on rather short notice, again to present the topic of pellagra before you.

CONCLUSIONS—It is now established that pellagra in the United States extends from the Atlantic to the Pacific, and from the Great Lakes to the Gulf of Mexico. The disease is, therefore, no longer merely of academic interest to the American physician, be he alienist or neurologist, dermatologist or general practitioner.

It is probable that pellagra has occurred sporadically in this country for forty or fifty years, but it is certain that for the last three or four years it has appeared in epidemic form.

Numerically its prevalance cannot be accurately or even approximately stated, but its wide geographical distribution emphasizes the need of vigorous, intelligent investigation into its causation, prevention and treatment on the part not only of the medical profession but also by both State and Federal Governments.

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THE HAEMOLYTIC REACTION, IN THE DIAGNOSIS OF SYPHILIS.*

BY FRANCIS B. JOHNSON, M. D., CHARLESTON, S. C.

Etymologically the term haemolysis includes destruction or solution of both red and white blood corpuscles, but by common usage the solution of the erythrocytes alone is understood. Essentially the phenomenon consists in the escape of the haemoglobin into the surrounding fluid. It is not known exactly in what way the stroma holds the haemoglobin normally; whether purely physically or in part chemically, and it is also not yet fully solved whether the stroma consists of spongioplasm or a sac like membrane.

To understand the use of this reaction as an aid in the diagnosis of syphilis one must first have a clear idea of what haemolytic and bacteriolytic systems consist of.

For haemolysis to take place by the use of serums three substances are necessary—red blood corpuscles, amboceptor and complement—these three taken together form what is known as the haemolytic system.

The red blood corpuscles: For example, take sheep's blood or human blood. This obtained, is deprived of its fibrin while fresh, and the cells washed in normal salt solution, then an emulsion

*Read before the South Carolina Medical Society, June 15, 1910.

of these cells made up to a known strength in normal salt solution.

The second reagent required is amboceptor. If some of the above emulsion is injected into a rabbit for three or four successive doses at intervals of five days, at the end of this time the rabbit's serum will be found to have acquired the property of dissolving out the haemoglobin when mixed with an emulsion of red cells of either sheep or man, depending on which was used for injection.

Complement: Now if this above serum be heated to 56° C. for one-half hour it loses this property and is said to be inactivated, but if a little fresh serum, say that from a Guinea pig, be added to the mixture of red blood corpuscles and inactivated serum, haemolysis will take place. This shows that the rabbit's serum contains two substances that are necessary for haemolysis to take place, one being called amboceptor or haemolysin,—is thermostable, the other, found normally in all sera and destroyable by heat, is called complement. Complement alone added to an emulsion of red cells will not produce haemolysis. It has been found that the serum derived from a Guinea pig is very rich in complement, the strength being quite constant, while in other sera the amount is found to vary considerably, therefore in all haemolytic work it is best to use the fresh serum of a Guinea pig to furnish complement.

All biological excitors of disease are known as antigens. When antigens enter the system there are produced in the blood serum of that person substances known as antibodies. Antigens, antibodies and complement have the power of forming some sort of union similar to that in haemolysis. This is known as bacteriolysis, because in some instances the bacteria or antigens are dissolved.

Here we have two systems with one substance in common required in both to complete either reaction, this is the complement. Hence if we have a known antigen, as an extract from a syphilitic liver of a foetus which is rich in spirochaeta pallida, a serum that we suspect clinically to contain antibodies to syphilis, and complement derived from some other source, mixed together, the complement becomes absorbed in the reaction, if there really prove to be antibodies in the suspected serum. Now, if to this mixture we add red blood cells and amboceptor, haemolysis will not take place, because no free complement is left to complete the reaction. On the other hand if no syphilitic antibodies are present in the suspected serum, the bacteriolytic reaction will not take place and the complement will still be free, so that the addition of red cells and amboceptor haemolysis will take place. It can thus be seen how the terms "absorption," "fixation," or "deviation" of complement are given to this reaction.

This phenomenon was first demonstrated by Bordet and Gengou. Wassermann was the first to adopt this method to the diagnosis of syphilis.

The antigen derived from a syphilitic liver was at first thought to be of a specific nature, but later it was discovered that extracts from livers, other organs and cancers from non-syphilitics acted in a similar manner, thus destroying this hypothesis. It has been found that the active substance belonged in the lipoid group. Different members of this group have been tried as antigen, among which may be mentioned lecithin, cholestrin, the sodium salts of the bile acids, sodium oleate and oleic acid. None of these either alone or in combination, give as satisfactory results as the total extracts of organs, and of these the extract of a syphilitic liver can be used in the smallest quantity and with more certain results.

In the Wassermann system the following substances are used:

1. Washed sheep's red blood corpuscles made into an emulsion of 5 per cent. normal salt solution. 1 c. c.

2. Amboceptor, rabbit's serum immunized against sheep's red blood corpuscles and inactivated to destroy the complement. This has to be tested out

to find the exact amount required to haemolyse 1 c. c. of a 5 per cent. emulsion of red cells, using 0.1 c. c. of complement derived from the blood of a Guinea pig. This is known as one unit. The amboceptor, if kept in a cool place and sterile, will maintain this property for a considerable length of time. Two units are used.

3. Complement obtained from the blood of a Guinea pig by allowing the blood to clot, the serum is drawn off and used. This will only keep stable for a few days. 0.1 c. c. is used.

4. Antigen used is a watery or an alcoholic extract derived from a syphilitic foetal liver. The watery extract is very unstable and does not keep for many days. When the alcoholic extract is used, it is diluted in the proportion of one part to four parts normal salt solution. .1 c. c. is used.

5. Suspected syphilitic serum that has been inactivated, that is, deprived of its complement by heating to 56° C. for one-half hour. The quantity used is 0.2 c. c.

The serum for diagnosis and the complement are placed in one tube, this is known as the control tube; in another tube is placed the serum for diagnosis, the complement and the antigen; this is called the determination tube. In two other sets of tubes are placed in a similar way the serum of a known syphilitic and that of a person known not to have syphilis. Finally as a control to the haemolytic system a set of tubes with no human serum is used, one with complement alone, the other with complement and antigen. These tubes are now placed in an incubator and kept there for one hour, taken out and the emulsion of blood cells and amboceptor added, and again incubated for two hours, when the results can usually be read; the final reading, however, should not be made until the tubes have stood in a refrigerator for twelve hours or more.

The reading should be as follows: All control tubes, including the haemolytic system control tubes and the non-syphilitic determination tube, should all show complete haemolysis; that is the contents of the tubes will be a clear light red and there will be no deposit in the bottom of the tubes or red cells. The known syphilitic determination tube should show no haemolysis; the fluid will be light in color and the red cells will all be seen settled in the bottom of the tube. Unless all control tubes work accurately one is not justified in rendering an opinion on the serum for diagnosis. The suspected serum determination tube will show no haemolysis if that serum really contains syphilitic antibodies, and will mean a positive reaction and syphilis. On the other hand, if the suspected serum contain no syphilitic antibodies haemolysis will take place in the determination tube, meaning a negative reaction and no syphilis.

Noguchi has added to the simplification of this method by using human red blood cells and human amboceptor and reducing the quantities of reagents required.

The Noguchi method is as follows:

1. Emulsion of 1 per cent. washed human red blood corpuscles in normal salt solution. 1 c. c. of this is used.

2. Amboceptor, obtained by inoculating a rabbit with human red cells, obtaining the serum, inactivating and testing strength in a similar way as in the Wassermann method. Two units are used. One unit representing the amount that will haemolyse 1 c. c. of the above emulsion, using 0.04 c. c. of complement. ment.

3. Complement, derived from a Guinea pig, 0.04 c. c., or 0.1 c. c. of a 40 per cent. solution.

4. Antigen, the alcoholic extract of a syphilitic liver. 0.02 c. c., or one capillary drop usually.

5. Suspected serum for diagnosis, 0.02 c. c., or one capillary drop. According to Noguchi it is not necessary to inactivate, because in the small quantity of serum used the contained complement is practically *nil*, and does not interfere

with the reaction. When using inactivated serum 0.08 c. c. is required.

Dr. Homer F. Swift, to whom I am indebted for many courtesies in showing me how these reactions are performed, claims that without inactivating the serum, reactions are obtained in some few cases not syphilitic and that do not react to the original Wassermann method or when the Noguchi method is used with inactivated serum.

In the Noguchi method the tubes are set up in the same way as in the Wassermann, together with all controls needed, only the red cells are added previous to the first incubation; after incubating for an hour the human amboceptor is added, and after incubating for two more hours placed in a refrigerator, final readings made about twelve hours later.

Dr. Noguchi has still further simplified his method by drying the amboceptor and antigen on filter paper. The papers are cut into sizes containing an accurate amount of reagents needed for each test. The papers being put in the tubes just as you would do with the liquid reagents. These, however, do not give quite as much satisfaction in reading results as the liquids, and deteriorate quicker, especially the antigen.

"The clinical value of haemolysis is, as in all diagnostic tests which depend upon the interaction of obscure substances of biological origin, commensurate with an intelligent appreciation of its possibilities and limitations. Great harm in the past has been done to the usefulness of many new methods of diagnosis by those who did not trouble themselves to become properly acquainted with the question."

The results obtained by many investigators coincide very closely; the few number of positive results obtained where syphilis could be practically excluded does little to lessen the value of the reaction in syphilis.

From a series of cases, 1,714 in number, arranged from tables given by Nuguchi, Swift and Fox, the following comparative results are shown in regard to the Wassermann and Noguchi methods, and in the different stages and varieties of syphilis. (Table 1.)

	No. of Cases	Noguchi Nog. P. C.	Noguchi Wass. P. C.	Swift Nog. P. C.	Swift Wass. P. C.	Fox Nog. P. C.	Fox Wass. P. C.	Totals Nog. P. C.	Totals Wass. P. C.
Primary syphilis	93	92.8	66.6	81	81	100	100	91.2	82.5
Secondary syphilis	310	96	86.6	97	92	100	97	97.6	91.8
Tertiary syphilis	254	89.9	72.5	88	80	84	71	87.3	74.5
Early latent syphilis	115	75.6	48.1					75.6	48.1
Late latent syphilis	150	79.3	44.7					79.3	44.7
Prolonged treatment	39	10.2						10.2	
Cerebral syphilis	5	60						60	
Tabes	166	68	40.9	68	55	100	100	78.6	65.3
General Paralysis	18	86.6		100	67			93.3	67
Hereditary syphilis	6	100		100	100			100	100
Spinal syphilis	2		50						50
Cerebral endarteritis	2		100						100
Suspected syphilis	135	34.8	41.2			49	39	41.9	40.1
Other diseases	335	3.7	3.6					3.7	
Leprosy	13	70		66				68	
Scarlet fever	71	1.6		37		12		19.3	12

Among other diseases in which a positive reaction has been obtained in a very few instances are: Carcinoma, Banti's disease, muscular dystrophy, arthritis deformans, sarcoma, hydrophobia, malaria, framboesia, tuberculosis and probably several others. But in many of these instances extracts other than those from syphilitic organs were used, and in some instances syphilis could not be positively excluded. The results show that the Noguchi modification is in 5 to 20 per cent. of these cases more delicate. By some investigators it is considered too delicate, as many of the cases reporting positive findings and not syphilis were by the Noguchi method.

From reviewing the table it will be seen that secondary syphilis gives the highest number of positive reactions.

97.6 per cent. by the Noguchi method, 91.8 per cent. by the Wassermann; that primary syphilis comes next with 91.6 per cent by the Noguchi and 82.5 per cent. by the Wasserman; tertiary syphilis occupying third place. The marked evidence that prolonged treatment has, is shown in that only 10.2 per cent. of these cases give a positive result, changing the control of treatment of syphilis from uncertainty of results to something more definite as to prognosis. When the reaction does not disappear after prolonged treatment, Swift says: "The prognosis is probably bad and such cases may be expected to go on to general paralysis or tabes. A persistent negative reaction is a good prognostic sign; a returning reaction is a warning that a relapse is imminent and sufficient indication for renewed treatment."

It is also to be noticed that in heriditary syphilis and those types showing especially nervous manifestations, as tabes and general paralysis, the number of positive reactions is very high. In nervous diseases especially will such a method as this be appreciated, which will enable one to state positively whether or not a suspicion of syphilis is justified, or whether every thought of syphilis may be elminated from a given case. "Just such a service as this," says Sacks, "has the complement fixation test of Wassermann promised to render. I am certain that within recent years no aid to diagnosis has been given that can equal it in value and importance."

So far my own examinations in cases for diagnosis have not been enough to tabulate for comparison, but I shall mention some cases on which I have made the reactions that show the practicability of the test and the general usefulness of the same.

In three cases in which the diagnosis of brain tumor, possibly gumma, was made, the reaction proved positive in two.

Two patients, both having had sores on penis. In one a diagnosis of chancre made by one physician and by another he was told it was not a chancre; took no specific treatment and developed no secondaries. Later married, and because of frequent abortions of wife, was suspected of being syphilitic. Negative reaction. The other patient had been told he had a chancroid. While in Cuba some years later developed a rash on body, a physician there told him he had syphilis. Went to New York and was told there the rash was due to some intestinal toxaemia. Recently married and started to worry whether he had syphilis or not. Reaction was negative.

A man with some ulceration in throat, suspicious though not positive history of syphilis. Reaction positive.

A woman, rather suddenly seized with a severe headache, lasting several days and followed by complete left occular paralysis, diplopia and dimness of vision. An examination of the retina showed some obstruction to the circulation, probable endarteritis. No positive history could be obtained of syphilis, though suspected. The reaction proved positive.

Man with sore on penis; looked very much like a chancre, but with history of it appearing inside of a week after intercourse. Spirocheatae pallidae were found, and ulcer healed up; three weeks later made a Noguchi on him. It was positive and next week a secondary rash appeared on him.

Conclusions.

1. The Wassermann and Noguchi reactions are fairly definite diagnostic measures. A positive reaction practically always means syphilis. Negative findings give only presumptive evidence of the absence of syphilis.

2. The use of alcoholic extract of syphilitic liver as antigen gives best results and tends to avoid positive findings in non-syphilitics.

3. The Noguchi method is more readily applied, but sometimes seems to be too delicate, especially when using

liquid antigen. Inactivating the serum gives results corresponding more accurately with the Wassermann.

4. The finding in a few instances of the reaction in other diseases, with the exception of leprosy and scarlatina, is so seldom as not to cause confusion or lessen the value of the reaction. In these exceptions mentioned the other symptoms will differentiate.

5. The Wassermann and Noguchi reactions offer a good guide as to the effect of treatment and as to prognosis.

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A PLEA FOR MEDICAL INSPECTION OF SCHOOL CHILDREN IN SOUTH CAROLINA—REPORT OF THE WORK AT SENECA.*

BY E. A. HINES, SENECA, S. C.

The title of my paper should really be the "Medical Inspection of Schools," for such will be the theme for my remarks. The attitude of the profession in this country in the past has been one of neglect of the interests of the school child. The idea has probably prevailed that in such a free country parental rights should be left untrammelled. The mental side of school life has always assumed the role of first importance, the moral occupying second place, the physical last. These several relationships have been sadly disproportioned to the detriment of the fullest development of the race. We, in America, have never been slow to follow where others have lead in progressive learning, and ofttimes have been leaders ourselves. This has been notably true in certain departments of medicine and surgery. In preventive medicine, however, we have not sought until recent times to measure up to the standard set by many other nations. This has been especially the case in regard to the medical inspection of schools. That the medical profession should be the first to blaze the way in the vast wilderness of ignorance which surrounds the child from birth is clear. Pedagogues, as a rule, are willing to acknowledge and follow the light, but the community at large in many instances presents an almost insuperable barrier. The latter can only be overcome by organized effort and an aggressive policy. It is with this

*Read at Laurens, S. C., April 20, 1910.

conviction that I present this subject for your consideration.

So far as I am aware medical inspection of schools with its hygienic problems had never been mentioned in the deliberations of this body prior to my paper setting forth a modified plan in 1908. Subsequent investigation reveals the apparent fact that medical inspection had hitherto not been carried out anywhere in the entire Southern States. Medical inspection of schools is not old in any country, as we reckon time in medical language—scarce a quarter of a century, Germany claiming the honor for leadership. Our own country has not been entirely negligent of all effort, for Boston in 1894 established a system of medical inspection which has gone forward until to-day she has possibly the most far-reaching system in the world. Many other cities of the North and Northwest have entered enthusiastically upon the work since 1894, but we of the South have lagged behind. South Carolina has always been in the forefront of progress in many avenues of human endeavor, but to keep her reputation untarnished in medical progress she must look to the conservation of her school interests in all that makes for the complete development of her citizenship.

We hear much to-day about the conservation of our national resources. The school child is the greatest asset the nation has, and as such we can turn our attention to no more potent force for the nation's good. That the function of the physician should not cease with the birth of the child is conceded; that it has done so in many instances is conclusive, and that the oversight of the child's environment and the child itself through school life has been neglected by the profession at large is undoubted. Childhood is where the foundation should be laid broad and firm or else the superstructure will fall short of the development which should follow. This is the most opportune moment I believe in which to launch a State-wide movement for the hygiene of the school child.

The great American Medical Association, after years of patient investigation of the American school child completed its masterly report at Atlantic City less than a year ago. If one of the greatest medical bodies in the world considers the subject of such importance it behooves us to assume a receptive attitude and be guided by a similar inspiration. I repeat, this is the opportune moment, for our attention in South Carolina has been focussed on educational matters in the last five years as never before. Indeed, the last General Assembly has been termed "an Educational Legislature." That body suggested the commission of five of our ablest citizens to look into the laws regulating our educational interests and report back to the next session of the Assembly such measures as would increase the efficiency of our educational machinery. It is safe to assert that if the medical profession embraces this opportunity as it should, this commission will go on record as favoring legislation for the hygienic care of the school child. Why not urge a law similar to Massachusetts, which, in brief, is as follows: The school committee of every city and town shall cause every child in the public schools to be separately and carefully tested and examined at least once every school year to ascertain whether he is suffering from defective sight or hearing or from any other disability or defect tending to prevent his receiving the full benefits of school work or requiring a modification of the school work in order to prevent injury to the child or to secure the best educational results.

This law appears comprehensive and yet is lacking in a very important particular for our model. It makes no provision for the country schools—the fountain head of the stream of humanity into the towns and cities.

Again, this commission should advise that a medical man be placed upon the

State Board of Education. His advice should be just as far-reaching as that of the Attorney General. Why should we after all provide for medical oversight of the school child? Here are some of the reasons: Harrington says that the extent of physical defects in children may be concluded from the results of the examination of 200,000 children in New York between the ages of 5 and 15 years. Sixty per cent. were under nourished, 66 per cent. needed medical and surgical care, 40 per cent had bad teeth, 38 per cent. had enlarged cervical glands, 31 per cent. had defective vision, 18 per cent. enlarged tonsils, while 10 per cent. had adenoids. It has been estimated from the result of a recent investigation among school children in New York City that there are in this country 12,000,000 children having defects more or less serious that should receive attention from parents and family physicians. These startling facts cause us to view with alarm the results of the work of the Russell Sage foundation in New York for the study of the backward children. Leonard Ayers reports the loss in progress of the different defects as follows:

Enlarged glands	14.9
Defective vision	None
Defective breathing	7.2
Defective teeth	5.9
Hypertrophied tonsils	8.9
Adenoids	14.1
Other defects	8.5
Average	8.8

Aside from the physical discomforts, the damaging influence of these defects on the mind and morals places upon us an added responsibility. Should we fail to secure legislative enactment, as in most countries and some States, to aid us in solving these problems, what course is open to us? We must mould public opinion in our favor by private efforts. Such a plan as that in Switzerland would soon bring tangible results. Every school board has a physician as an active member, even in the remotest country districts. I know that many of our most influential physicians occupy similar positions and can now exercise great power toward the good we have outlined.

I trust that I have impressed you with the great necessity for this effort on the part of all concerned in the welfare of our schools and hence will review the work at Seneca, beginning September 23, 1909. The staff of examiners consisted of two competent dentists, an eye and ear, nose and throat specialist, two general practitioners and a secretary, the teachers rendering efficient aid at times. There were 200 pupils from 6 to 18 years—consisting of all pupils from first to the tenth grades—with the following results.

Teeth Defects—No. of pupils, 153; No. of teeth, 600.

Tonsil Defects—No. of pupils, 32.

Enlarged Glands—No. of pupils, 24

Adenoids—No. of pupils, 3, (with a number of suspects.)

Eye Defects—No. of pupils, 19.

Nasal Defects—No. of pupils, 3.

Skin Lesions—No. of pupils, 2.

Orthopedic Defects—No. of pupils, 4.

Teeth Brushed Daily—No. of pupils, 170.

Cards of record were used to retain and were sent to parents; cards for school government, sanitation, lighting, heating, etc.

I cannot find any report on the negro school child in the South. I examined a representative number and found in general faulty nutrition, practically all with teeth defects—contrary to the idea that prevails. Fewer serious tonsil defects compared to the whites, more skin lesions. I did not examine for adenoids. A fair proportion had used the tooth brush.

I also examined a representative number of cotton mill children among the whites. Ninety per cent. had bad teeth—not one used a tooth brush. The other defects differed little from the average

school child. I hope to pursue investigations of these two classes of pupils more exhaustively for a subsequent report. I merely allude to the subject in the hope that others may be stimulated to look into the matter also.

The Seneca schools are the first in South Carolina to put in operation the modern idea of medical inspection. Few anywhere have enjoyed such a thorough examination, as the work is generally carried on by one or more general practitioners and trained nurses. The specialists, while not absolutely necessary, add infinitely to the effectiveness of the work in every way. The dental feature is very interesting. The plan of rewards for personal hygiene we have, after grading daily on such matters as brushing the teeth, gives us 170 out of 200 brushing their teeth daily. Last year the handsome gold medal was awarded in the presence of the greatest concourse of people ever assembled in our county—and by one of our most distinguished orators and educators, the present president of the South Carolina Teachers' Association, Dr. D. W. Daniel, of Clemson. Such occasions make for progress. New Orleans and Atlanta both took up this work with the sessions of 1908 and 1909. In the last few months other towns and cities have become interested one way or another in our own State—Anderson, Easley, Greenville, Connie Maxwell Orphanage and possibly others.

To secure treatment when needed for the defects disclosed is a large problem. All of our most serious cases were treated by or on the advice of their family physicians. In some places the school clinic has been opened. The English speaking nations have been tardy in this phase of medical science—the Southern States of America showing up to a decided disadvantage. To the general practitioners, specialists, including dentists, this field of work offers much of interest. It places him at once in contact with the great world of progressive education. It takes one out of the narrow confines of the sick room or hospital and opens greener fields and pastures new for research. The emoluments as the commercially inclined doctor views them, may not suffice to secure his enlistment in the fight preventive medicine entails—yet such men as Jenner, Koch, Reed, Lazear, Carroll, Flexner, Welch and Gorgas have deemed the saving of human lives sufficient inducement for them.

DENTAL INSPECTION OF PUBLIC SCHOOL CHILDREN—THE NEED OF EDUCATION OF THE MASSES ALONG DENTAL LINES.*

By J. P. McCreary, D. D. S., Spartanburg, S. C.

Among the causes for advancement of the world in any line none seems freighted with more power, with greater prospects for future good than the scientific study of the mental and physical development of the child. Men of all nations realizing that public health is a valuable asset are bending their efforts to head off, so to speak, every condition of disease by preventive measures.

Interest in the care of the health of school children is a growing factor among the varied activities which have for their purpose the conservation of the public health in general. A generation ago those concerned with the problems of public education considered any question of child health other than the more

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obvious rules of hygiene as outside their range of responsibility. Now the health of school children, individually and collectively, is of paramount consideration by educational authorities. This change in attitude is the direct outgrowth of the scientific study of child development in relation to educational methods which have been actively in progress for many years, and which have engaged the attention of the most able thinkers the world over. This has brought to public attention the fundamental fact that a sound mind can only be developed in a sound body. The care of the health of school children who are the wards of the State, from an educational standpoint, is not merely a humanitarian question. It is an economic question of the first magnitude. The child's health, mental and physical, is a national asset which it is the duty of the State to preserve and foster. It is the recognition of this fact which should operate most efficiently in securing the adoption of salutary means for improving the physical condition of those of the rising generation upon whom the duties of citizenship must subsequently fall.

Absolutely nothing can stop the adoption of dental inspection. It has got to come. Germany started it in 1878, and made it general about 1900. There it is compulsory for children to have their teeth examined and cared for, and in some municipalities it has gone so far as the city's paying for the work on children's teeth. From the scientific standpoint it has been proved that astounding conditions exist and that the poor condition of the teeth of children in the schools actually costs the State money for the children do poor work, work more slowly; and educating them is therefore more expensive and less productive of good results than if the children could do their best work. They *cannot* without good teeth. School authorities are, as statistics show, improving the minds of backward pupils by improving their bodies. The mental efficiency of school children can be greatly aided by the proper care of their mouth and teeth. This is freely attested by experiments in Germany. There dental infirmaries have been in connection with the schools for a sufficient length of time to prove this. It has been found out that:

1st. The time expended in putting the teeth in order was far less than the time formerly lost from toothache and disability caused by disease.

2d. That the cost in keeping the teeth in order was more than compensated for by better health and a consequent reduction in medical expenses.

3d. That the child became physically stronger, made a higher average in its studies, was easier to control and apparently happier. This work of inspection has advanced further in Germany than elsewhere.

One expert, after an examination of 157,000 children, found 90 per cent. had defective teeth, and from this and other observations he drew these deductions:

1. On account of bad teeth the physical development of the child is seriously retarded.

2. The more the physical development of a child is disturbed the less in general is the mental capacity of the child.

3. The worse the teeth, the worse, as a rule, is the school standing.

In one town in Germany, where there were free dental clinics, teachers noticed an increased attendance at school—the working capacity of pupils increased, they were fresher and more alert in their lessons. There was also noticed an educational influence over their parents.

English statistics show from various examinations that the percentage of children in England having decayed teeth varies from 75 to 97 per cent. In Germany out of many hundred thousand 95 per cent. had dental caries. In Russia the same, and in Italy 96 to 100 per cent. The statistics of the United States are meagre—unreliable. Of army recruits 20 per cent. of Germany and 24 per cent. of England have practically useless

teeth. Of 18,000 men refused enlistment in the United States army in one year 1,000 were rejected on account of bad teeth.

During this summer, when most of the dental societies of the South have met, the subject receiving most attention, excepting oral prophylaxis, was that of inspection of school children's teeth. This matter of inspection is being taken up by sheer force of its own importance. This work has, so far, advanced further in Japan than in the United States. We here in the United States, who should lead in everything should wake up, and, though behind, yet set a pace for other countries in the matter of looking after school children, both from the standpoint of the physician and the dentist. The State of Massachusetts has made progress in this inspection work and a great many northern cities have adopted the plan of inspection, and some, Boston for instance, have free dental clinics.

People of the North have been taught a few lessons by us of the South. Generally, they have considered us backward, but now we have a New South and we can turn their eyes here for other reasons than our prosperity—we can adopt the matter of inspection of school children generally throughout the South and let's do it and be first among the pioneers of the cause. Medical inspection of the schools has gone on for a year in Atlanta. The dentists as yet have not taken a hand.

We propose to co-operate with the physicians in this city, and have, if possible, inspection of our schools at an early date. We can examine the children and advise the parents as to their needs and ask that these be attended to. This method will in all probability meet with disapproval from some parents, but we as physicians and dentists certainly do represent an element of citizenship who should be allowed to dictate some, and it is up to us, as I have already said, to run this matter as we please.

Now as to free clinics: We should have those. The dentists are willing to do inspection work and give up some of their time also to free clinics—we can have free clinics, but to do this we must have help. Money must be forthcoming from some source. At present we can't hope to receive any aid from the State to carry on dental or medical clinics. The State Government is already taxed heavily enough in supporting public charities. The legislative bodies are compelled to limit their benefactions to institutions and charities dealing with dependent classes. So our only hope is to get city government aid and individual subscriptions to carry on this work. Our city government could strain a point and help in establishing free clinics if it would always exercise the best judgment in the expenditure of its money and try to strike a happy medium and touch every cause for good. Free clinics should be as necessary as the keeping of our Y. M. C. A., and in my opinion they probably come pretty close to exceeding it in importance, money going for some missionary purposes. We can make room for these necessities if men see fit to do so. There are lots of things less important in life that are easily financed. Let's see to it that we have free clinics along with school inspection.

In order to effectively rally the citizens to our cause it is necessary to educate them to the importance of the matter. For years different members of the profession have talked about educating the masses in dental matters, but for one reason or another little has been accomplished in this manner. Objections have been raised against any dentist preparing such articles under his own name on the grounds that he was in a sense advertising himself and making a bid for patronage. In towns and cities where there were a number of dentists no one seemed willing to have another write such articles, and as no one would volunteer to prepare matters for newspapers in other places than his own the instruction thus given has amounted to but

little. In the meantime the newspapers and magazines generally have printed hints on the care of the teeth, along with complexion lotions by the editor of the household department—generally objectionable, injurious and worse than none. Members of the dental profession have watched this and said nothing. They have done nothing to directly correct such ill-advice and comparatively little to teach the public themselves in the care of the mouth and teeth.

However, there seems to be a general awakening at present. A wave of enthusiasm regarding inspection and the establishing of dental clinics for the poor. Less than 12 per cent. of any community pay any attention to the care of the teeth and mouth, and in the light of this it is high time we as dentists were trying to dispense information. A German professor said: "If I were asked to say whether more physical deterioration was produced by alcohol or defective teeth I should unhesitatingly say defective teeth!" Another French physician says: "Everybody seems to be on a diet. If people were a little more careful about their teeth, they would not need to be careful about their diet." We as dentists want to impress on the public the care of the teeth and of the whole mouth. How many mothers in this city do you suppose begin to try to clean a baby's teeth as soon as they appear? How many know when the six-year molars erupt and are able to distinguish them from the temporary teeth? How many parents do you suppose compel their children to brush their teeth? A very few, indeed. When told about children's carelessness in this respect parents say: "Well, I could not persuade him or her to brush the teeth." My opinion is that if parents realized this all-important question in its full degree of seriousness they certainly would themselves do the brushing until the habit is formed by the child or it is old enough to have sufficient pride to keep this up.

It is estimated that over one-half the children born in the world die before the age of sixteen and four only in one hundred have good teeth. No doubt this could be reduced if proper care was taken. These estimates and statistics are alarming. A wise plan, I think, would be to give these facts the widest publicity possible. This can be accomplished by (1) lectures, (2) by pamphlets, (3) through newspapers, (4) by examination of children's teeth in the schools.

1. In the matter of lectures the dental societies could begin and carry on a series of these before schools, the different kinds of clubs, associations, etc. These should be simple and to the point, making use of stereopticon views for illustration.

2. As to pamphlets of information, these could be gotten out by dental societies and distributed from time to time under the direction of these societies.

3. Newspapers. At a meeting of our Piedmont Dental Society in Spartanburg some weeks ago, there was a committee appointed to get up educational matter and report to the president and vice-president, and if they approved of the same this committee was then empowered to have printed from time to time these short squibs of general instruction—points on which the public generally is ignorant. We propose to do this without notoriety.

Let us have medical and dental inspection of public school children and free clinics. Let us appeal to the public to awake to their needs along these lines by educating them to the real condition of things, by soliciting their faith in our sincerity; and having gained that faith let's establish it with works.

This age seems to be an age of altruism, an age of charities. This is because of the higher development of man. The greatest good man can do is that done to a fellow man. Men are spending money for the good of men. Those of us who haven't money to give to the great causes of life can give time and work. This age, it seems, is fast reaching the height of its fame in every line of science. To attain

greater heights man must have higher development of his brain. For a more perfect brain there must be a stronger body. It seems then that the Creator has something greater in store for his people by putting this movement agoing. Look to the removal of all physical limitations, to the development of the mind. Things are only revealed when men delve into mysteries scientifically—by a connected chain of thought—and through this higher mental development wonders may be revealed and thereby have a perfected civilization.

PILES.*

By Dr. A. Dan Morgan, Perry, S. C.

Mr. President and Gentlemen of the Lexington Medical Society:

In acknowledgment of the courtesy extended me through your secretary, Dr. Wingard, I have prepared a rather lengthy article on "Piles."

This disease is so common, so well known, the bare mention of the name is enough to provoke a smile. Yet, unless the trend of your thought runs in a different groove to the thought of other medical men, with whom I am associated, I could have not selected a more practical subject.

Our most ancient literature mentions piles as among the earlier disease conditions which were diagnosed and treated.

"The Lord will smite thee with the botch of Egypt and with the emerods," is quoted from a speech made by Moses to the children of Israel, as recorded in Deuteronomy, XXVIII. Chapt., 27 verse. In I. Samuel, V. and VI. chapters, you will find quite an extended account of the emerods among the Philistines.

The V. chapter ends: "Were smitten with emerods; and the cry of the city went up to Heaven."

The treatment advised was to take gold and make images of the emerods, with which certain things were to be done.

A thousand years later Hippocrates and Galen were writing of hemorrhoids, and it seems the Druid priests of Britain were giving attention to this same disease at about the same time.

When we consider the numbers of people who are to-day smitten with this disease, then compare the Irish potato or buckeye, as now used, with the golden emerods of the Philistines, there is a feeling that, after all, the human being has not made such wonderful advancement. A sensation of self-reproach in that we, the heirs to the acquired learning of the ages, the doctors of medicine, or in the original meaning of the word, teachers of the art of medicine, we have failed in some way to do our duty.

It has been said: "Among the many diseases to which flesh is heir, it might be said that there is none of more common occurrence, more annoying or more acutely painful than hemorrhoids." To this quotation it is probably safe to add, and there is probably no disease worthy of consideration which is to-day receiving less attention from the profession at large.

This neglect by the profession has driven many sufferers into the toils of charlatans and nostrum venders, where they go through life trying first one then another reputed cure. Hoping, hoping but never expecting, and never cured.

The word piles is often used as a generic term, meaning any diseased condition of the lower rectum and anus. Such is not my understanding.

I know nothing of Greek, but, it is said, the words from which *emerod* or *haemorrhoid* are derived mean "blood" and "I flow." The Latin "*pila*" means not an exact sphere but a rounded or

*Read before the Lexington County Medical Society, Jan. 3, 1910.

globular body, as our English pill. The two are admitted as designating the same tumor, therefore, to differentiate these tumors we must combine these characteristics. A globular tumor of flowing blood. This is only possible and only occurs when the veins of the rectum are so varicosed as to protrude through the external sphincter ani muscle.

It is evident that such tumor may have a covering of mucous membrane alone, or mucous membrane and skin in varying proportions, or of skin alone.

Off hand such tumors do not seem worth attention and you have already been assured they get very little.

However, when we consider the liberality with which sensory nerves are supplied to the parts and the functions of the parts—absorption, retention and expulsion—and remember that tumors lie within the grasp of a powerful involuntary muscle, their importance is at once demonstrated.

These varicosities usually begin developing between the fifteenth and thirtieth years of life, but they are not limited by age, sex, station or color. At first they usually come down only during defecation.

In this stage they are short and elastic, and while they may be caught by the sphincter and given a twinge, will slip from its grasp without assistance.

If this stage is brought on by some definite cause as pregnancy, constipation, auto-infection by reabsorption, a condition in which the liver is overloaded and engorged, the pile will often pass with the passing of the cause.

(Just here it may be stated that these are the only piles ever cured save by radical treatment.)

As time goes, on by varied presumed causes, but obviously by repeated grasps of the sphincter, they are stretched, lose their elasticity and require assistance to be returned. Symptoms have kept on apace and distress is markedly increased. The loss of blood, which may have been noted before, now becomes a prominent symptom and may afford a temporary relief. Hemorrhage may be slight or free, and it seems that the blood may be lost by either exosmosis or rupture.

Control of the pile mass is gradually lost till it comes down at other times than during defection, as, for instance, by some strain on the abdominal viscera, either sudden or long continued, which forces the pile out. Or perhaps some irritation disturbs the tranquility of the internal sphincter muscle, which being aroused, forces it out.

Perhaps a flaccid condition of the sphincter literally permits it to drop out. Now, sooner or later, circumstances will arise when it is impossible to put it back immediately or to keep it up after being put back. And now there is going to be what is commonly called an "attack of piles," and while there may be no outcry going up to Heaven, there will be moanings and groanings to resound on the palpitating air.

As soon as the pile is out, the circulation is still more retarded and congestion sets in. The sphincter, even if it had been flaccid, regains vigor and strangulates the mass. The secretion of the sweat glands, which in this location usually becomes rancid, is an irritant, in the midst of which a three-cornered battle royal is waged, the hand trying to keep the mass in, the internal sphincter determined to keep it out and the external sphincter, while seeming to aid either the one or the other, is all the time making an independent effort to bite it off.

Anxious friends and too often the family doctor placidly offer the consoling comment: "Oh! it's nothing but a case of piles." These "attacks" terminate in accord with the law of inflammation, by resolution, ulcer, abscess or gangrene. The most common of which is resolution, the happiest of which is gangrene, because the patient is then cured.

Barring radical treatment and gangrene, you have my unqualified permission to quote me, saying: One such attack of piles, it matters not how treated,

is an absolute guarantee of trouble yet to come, the least of which is hypertrophy, which may become permanent. Varicosities are increased. It is probable blood clots are next most liable to occur. These may be either absorbed or organized into fibrous tissue. They have a fair chance of becoming septic, resulting in abscesses which in turn will probably result in deep ulcers or fistulae; or the clot, being in a vein, may become an embolus with attendant ill consequences. A pile may burst, or a superficial ulcer become deep and the sinuses being opened will probably pour out a sufficient hemorrhage to be alarming if not to cause death. These sinuses will not collapse as normal veins do; but stand, for a time, an open portal to infectious organisms. While not being able to offer any proof, save appearances in clinical observation, I sincerely believe, in many cases, hepatic troubles and rheumatism are directly chargeable to piles. These are also to be classed among the either immediate or remote sequelae of an attack of piles—sympathetic troubles, vesical, prostatic, neuralgic and mental derangements through their varying grades, even to insanity. Immediate inflammation having healed, the patient is said to be well and —has the piles..

Conditions continue growing worse. The patient lives with a sense of impending evil, many of the vocations and pleasures of life have to be practically abandoned or paid for in physical suffering. The cycle of events with concommitant dangers, just stated, being repeated from time to time. And a repetition will probably complicate any intercurrent illness. The hypertrophied folds permit a leakage of excoriating discharges, causing pruritus—may be ulceration of the rima clunium. In advanced stages it becomes impractical to control the mass, which, by ulceration, affords almost constant harassing, if not exquisite pain; and in many the loss of blood is well-nigh continuous.

The patient is now prematurely aged, anaemic, haggard, cadaverous; and too often life is ended by a supervening cancerous affection which simulates a result.

There is no question but that the neglected pile is causing more suffering to the human race than is caused by the fashionable appendicitis; and, I believe, it will require careful observation in a large number of cases to decide which of these two diseases condemn the patient to the greater suffering and the greater risk of life.

The relief of suffering has a more valid claim than conventional modesty. Insist on knowing the real condition of the patient.

To get a general idea ask the patient if the sensation is similar to passing a finger over the tips of the fingers on the other hand, held together, and if protruberances can be pushed back.

Personal examination, either digital or or with speculum, reveals very little in earlier stages, though by hooking against the rectal wall a pile may be pulled out.

Place the thumbs near opposite margins of anus and by pressure evert the mucous membrane, this will probably show any varicosities. Give an enema or ask patient to bear down as if constipated.

It has been the dream of the ages to find some means of curing piles, that is, of restoring varicosities to normal

In days past faith in a look at the Brazen Serpent, which Moses lifted up in the wilderness, was an antitoxin, specific to the venom of snake bite. Later, faith in touching the hem of the Saviour's garment healed the woman of an issue. In those days I do not doubt the ideal cure of piles was accomplished.

From a professional point of view, this treatment and cure can be classed only with the lost arts, and there remains to us a choice between inefficient palliation and radical operation.

The palliative treatment is too universal to permit either commendation or comment, the potato and the prescription giving practically the same result.

The cure of piles is the same as the

cure of varicosed veins anywhere else—destroy the continuity of the veins. The time to operate is when the patient is ready. I do not, of choice, select highly inflamed fields for operating. However, I do not believe the suffering and risk of a patient with an attack of piles will be increased by the operation, and in many cases it is an immediate relief.

The place for operating is a matter of choice with the patient. The hospital is more convenient to the operator, the patient is more comfortable at home. Notwithstanding argument to the contrary, I know that all necessary nursing can be done by almost any one of ordinary intelligence.

A great number of ingenious methods have been devised for doing this operation. I lay the rule:

That method should be selected, which, while giving desired results, contains in its essence, the least possibility of detriment to the patient. We shall now consider a few methods:

The Whitehead—Devised by Dr Walter Whitehead, of Manchester, England. An essential of this is to remove an inch to an inch and a half section of mucous membrane the entire circumference of the rectum, then unite the edges with sutures. The chances of success depend on keeping the wound aseptic in a location where it is impossible to give a reasonable protection. If the operation succeeds, the patient is cured, nothing more. "Tortures of the damned," expresses the patient's condition if it fail. This method is not legitimate surgery.

The injection, devised by Dr. Mitchell, of Clinton, Ill. The essential of this is to inject some caustic fluid, usually carbolic acid, into each pile by means of an hypodermic needle. The chances of success depend on the resultant action of the caustic, which is no longer under control. This method may have some limited usefulness, in selected cases, but the risk is too great for it to be advisable.

The clamp-and-cautery, devised by Dr Cusack, of Dublin, Ireland. The essentials of this are to dissect the skin from the pile proper, clamp the pedicle with an instrument devised to hold it, then cut the pile off about one-quarter inch above the clamp, then sear the stump with a cautery, heated to a dull red, then loose the stump slowly. The chances of success depend on the actual cautery to control hemorrhage, the time required for the resulting ulcer to heal and the amount of cicatrix formed. This method is now the most popular before the profession, and while I am going to attack it in favor of another operation, I full well realize that I am treading on dangerous ground. It has a place in surgery, will probably ever remain a standard operation and at one time very nearly persuaded me from the path of rectitude. It will be discussed later.

The ligature, devised by some ancient operator of so remote a past that name, time and place are lost in oblivion. It was practiced by the semi-savage Druids of Britain, by the polished physicians of Greece. It is probably coeval with the pyramids; and, in having rivalled every treatment from the golden emerod to the clamp-and-cautery, has, like the Pyramids, withstood the ravages of time and the genius of man. Like the Pyramids, it stands an unequalled achievement of ancient effort, then strikingly unlike the Pyramids, those monuments to personal vanity, this is a monument to philanthropy, a benefaction to the human race. The essentials of this are a pile, a ligature and an operator. The chances of success depend on the efficiency of the operator. This method is an art, and in order to show its beauties, requires the work of an artist.

The clamp-and-cautery, already admitted standard, is the only operation which merits comparison with the ligature. The principle of the two is identical till it reaches the final treatment of the stump—there they differ almost as widely as possible; and there the clamp-and-cautery almost, but not entirely, loses out. In one the tissues are constricted, cut, cauterized and loosed, when immediately

the normal resiliency of the tissues begin drawing the wound apart and the first distention of the rectum by either gas or feces make it a wide open burn, which, by the inflexible law of nature, must pass through all intermediate stages before being healed. In the other tissues are constricted and so held while the wall of protective lymph is being formed and organized, which in its turn will continue holding after the ligature has come off, thus leaving only a small and superficial ulcer to heal.

Wonderful claims are made. I have seen them in print, that, after clamp-and-cautery, some patients are so nearly healed as to be out of bed in four or five days. If I were either so credulous or so enthusiastic I could report a case where, after a ligation under local anesthaesia, my patient was so nearly healed as not to get in bed and walked to the buggy with me when I started to leave. As a matter of fact, after ligation many patients do not keep their beds at all.

Personal experience is the thing that convinces a man, and here is my experience: While, as before intimated, no great number of operations for piles have been done around me, but for the past twenty years I have done the majority of those which have been done in my territory, and I have done the ligature operation to the exclusion of all others, and I have never had undesirable sequelae after any. On the other hand, the minority have been distributed among various operators who are as able as the land affords. All these operations are said to have been done by some cautery or injection method. There have come to me for treatment two patients with ulcers, which required months to heal, which are said to have followed the clamp-and-cautery, one with strictured anus, after some electric cautery, and one with a fistula after an injection. Moreover, it is not reasonable to suppose, after going to other men for operation, all who get in trouble come to me. I have said the clamp-and-cautery has a place in surgery. I now say its place is for the use of those operators who do not have ordinary skill with the ligature.

The details of the ligature operation are given in practically every text book on surgery, and I shall only call attention to a few ideas of my own. Use a ligature which by previous trial you know you cannot break, about a 12 to 14 silk. If forceps are used in holding the pile, use either a double or single tenaculum forceps; it is impractical to draw a knot tight under long bladed forceps. If the pedicle is to be transfixed and tied in halves, first tie a knot about half-way the doubled ligature, so when needle is cut off you have four ends, by which you will have no trouble in getting the right ends and will not pull the halves apart in tying. If it is a very fleshy or fibrous pedicle, use a single wrap or sailor's knot, as this can be pulled down tighter than the surgeon's knot, after crushing the pedicle into proper shape. If the knot does not hold it can be taken loose and surgeon's knot tied.

In trying a small non-fibrous pedicle be careful or it may be cut off as with the serre noeud of an ecraseur.

The lithotomy position is generally the best, and to get this position I use a stick eighteen or twenty inches long, the size of my thumb, wrapped with roller bandage, a piece of three-inch roller about two feet long is tied at each end, then a piece of three-inch roller about five or six feet long; one end is tied to one end of the stick. Place a rolled towel around each leg just above the knee and tie one of the short pieces over the towel around each leg, then bring legs into position and carry the long strip over a towel at the back of the neck and tie to other end of stick tight enough to hold legs up.

If the pile is too large to be comfortable in the rectum after being ligated, I split it and scrape it out, thus leaving a more secure hold for the ligature than if it was cut off. I prefer corded lamb's wool, as sold by the dealers, to cotton, for the canal compress, the wool being more resilient, makes it somewhat more comfortable.

CHOLERA INFANTUM.

READ BY JNO. O. VERNON, M. D., EX-PRESIDENT OF SPARTANBURG COUNTY MEDICAL ASSOCIATION—WRITTEN BY HIS FATHER WHILE A STUDENT AT U. OF PA., 1827.

BY J. J. VERNON, OF SOUTH CAROLINA.

(The following is printed as an interesting retrospect.—Ed.)

This is a disease peculiar to the United States. I have not found in any foreign work an accurate account what I would call cholera infantum. Children are liable to it about eighteen months of age or second summer. It makes its appearance here about July and continues until frost, and in South Carolina commences in May. Damp, warm seasons are the worst for its occurrence; it frightfully fills up the bill of mortality.

Causes: Among the first, salty meats, unripe fruits, imperfect clothing inaccurate to the sudden changes of our climate; brought on by teething, worms, etc., etc.

The spasms of the bowel are severe, embracing the limbs also, child screams out and draws up its limbs. There are other cases resembling dysentery, producing muco-sanguineous discharges with tormina, etc., etc. In all cases the pulse is small, quick and irritable—the eyes wild and fierce, more commonly they are languid, sleep with them half closed, thirst considerable, tongue white, furred in the commencement, but becomes dry and red.

The head and regions of the bowels are hot and extremities cold; when drinking frequently vomiting comes on immediately, evacuations generally green, smell sour and of a flocculent fluid resembling coffee grounds; the attack being of a severe character it runs a protracted course. Prognosis is far more difficult than diagnosis. Cholera infantum in its ordinary course may be considered doing well when the irritation of the bowels subsides, but unless the liver is restored convalescence will not be apt to take place. Pink colored stools are found peculiarly in this disease, and sometimes in dysentery, when they appear you may consider the child in great danger, in protracted cases effusion often takes place constituting hydrocephalus, dark spots over the mucous coats more or less—what is called the *blush* of *inflammation.* The calibre of the intestines is so narrowed you can scarcely introduce a quill. Liver under all circumstances is enlarged by congestion. Sometimes dark green bile, often nearly colorless; it is probably a gastro-enteritis and secondarily affects the hepatic apparatus and produces an increased flow of bile thrown upon the duodenum, producing an irritation.

In all hepatic derangements there is an affection of the mucous surface of the *prime vie* travelling along until the whole liver is wrapped up in the disease. In display of morbid tissues, the brain, more especially the arachnoidal membrane, becomes seriously affected and hence hydro-cephalic effusion so common in this disease.

Treatment: Purgatives, especially castor oil if the disease is of a mild nature, but in violent atacks it is impossible to get it to lie on the stomach, then I would give alkaline mixtures, strong coffee without milk or sugar, or opiate by rectum, or hot fomentations to the stomach, but strong lemonade is highly recommended, small doses of calomel combined with opium, grs. one-sixteenth every hour, but in some instances we wish to purge, only then I would give calomel alone, but when there is great irritation we combine them. Sometimes it is ushered in by great gastric disturbance—

febrile heat with a quick irritative pulse —in these cases we might get relief from vomiting with small doses of ipecac, although the common practice is not such. When there is not great debility they may be used; when extreme debility they should be withheld, sinapisms, and above all, opiate injections. It represents sometimes a gastritis, enteritis, duodenitis and colitis, cases of this kind are rare and the lancet too often neglected—it often relieves and tranquilizes the child but requires discrimination to regulate the lancet—topical bleeding should also be used when you think congestion and doubt the propriety of vene-section. While determining, apply to head cold applications and blister the nape of the neck. Calomel given to carry off the bile, but if watery stools, substitute small doses of calomel and opium and work it off with castor oil.

When this is done we must leave off purges but keep the bowels in a loose condition; in too many cases we carry purging too far. I would, after moderate evacuations, continue calomel, opium and ipecac to overcome the irritability of the intestinal canal; acrid discharges and other symptoms soon subside. Besides, we have a healthy action between the interior and exterior surface. The warm bath is highly recommended —produces a glow over the whole surface; it may be more effectual by adding brandy and coming out of the tub rub the surface with cloths. The disease continuing a week or more terminates in diarrhoea. The following formula I would give to correct this:

℞

Carbonate soda and potassa,	Grs. XXX
Creta preparata	Drs. 2
Gum arabic	Drs. 1
Laudanum	Gtts. XX
Loaf sugar	Drs. 1
Aqua, qs. ad	Oz. 3

Ms.

Lime water and milk is here useful, powdered charcoal with magnesia or with either of the alkalies in equal parts.

℞

Rhei palmata	Grs. XV
Ipecac	Grs. V
Calcined magnesia	Grs. XX
Loaf sugar	Grs. LX
Laudanum	Gtts. X
Aqua, qs. ad	Oz. 3

Ms.

It sometimes becomes a colliquitive diarrhoea, its continuance owing to chronic irritation of intestines or congestion of liver. Tonics are advisable, lightens irritation, the mildest and most soothing medicines should be used. I would use the following:

℞

Cret preperata	Drs. 1
Tr. Kino	Drs. 1
Aqua	Oz. 1

Ms.

A strong infusion of the blackberry root would be highly useful in this disease. The following is another useful prescription:

℞

Sulphas iron	Grs. 11
Sulphuric acid	Gtts. X
Loaf sugar	Drs. 1
Aqua	Oz. 1

Ms.

Sig—Teaspoonful administered Pro Re Nata.

There is one more that is indispensable —the anodyne enemata.

In great relaxation of the bowels a flannel roller will often put an end to those frequent attacks of diarrhoea. Let it be fed upon diluted cow's milk, barley or rice water with a little milk or a solution of gum arabic, mint tea, soda water, burnt bread and water. In the advanced stages tapioca, arrow root, etc.

If there is extreme debility of the bowels existing, a little ham or fish may be taken, particularly the fat of the ham; fruits, such as ripe peaches, and a change of air; ride the child out two or three times a day.

1st. To prevent this disease never allowa child to be weaned within a year; it always predisposes it to the attack.

2d. Cold baths used in the morning some little time after arising from the bed.

3d. Direct wearing of flannel next to the skin and yarn stockings.

4th. Regulate the diet; proper diet is milk, after a few months a little animal food.

5th. During dentition examine the teeth; if gums swollen lance them. Lastly, and above all, let the child be carried to the country.

DON'TS IN MEDICINE AND SURGERY.*

By Dr. Walter Cheyne, Sumter, S. C.

1. *DON'T* fail to make an exhaustive physical examination in every patient who comes to you. This means heart, lungs, liver, kidneys, abdominal palpation, urine and sputum, where necessary. Your error may not only mean the loss of your reputation but also the death of your patient.

2. *DON'T* delay in an operation for appendicitis after the diagnosis has been made. Don't be influenced by ignorant people to wait until the patient is in danger of death. Pus walled off or walled in you will drain. The removal of the appendix in most cases may be deferred when drainage is established.

3. *DON'T* think an examination of urine is made by intuition. Fresh reagents, exact methods which certainly include filtration, are necessary for you to make a positive statement to an insurance company or to a patient.

4. *DON'T* be surgically careless after a pus case; disinfect as you would after a *post-mortem*. Pus clings to all tissues; pus germs are not harder to kill than most other germs, therefore take proper precautions to kill them on your hands and on the places where they originated, if possible.

5. *DON'T* claim to know every skin eruption you see. Perhaps five men in the United States do know such eruptions. If you are doubtful say so; it won't hurt you and may do the patient good.

6. *DON'T* tell a man he is cured of gonorrhoea unless you know. If you don't know and you tell him he is cured, you may cause a woman's death.

7. *DON'T* think you know all medicine and surgery until you have studied the methods in seven different cities and have practiced conscientiously for 25 years. Even then you may turn over in bed at night several times and have doubts as to your knowledge.

8. *DON'T* feed poll-parrot style in typhoid fever. You can starve a patient to death in typhoid fever as well as have the fever kill him. Anaemia must be combatted as well as the fever. Better higher fever than a feeble heart.

9. *DON'T* forget that scientific knowledge, added to scientific equipment, plus a practical knowledge of human nature, are the trio necessary to professional success.

10. *DON'T* minimize the value of membership in a medical society. The charlatan cannot get in. Count the number of successful professional men you know who are not members of their State Association.

11. *DON'T* use a drug, unless you know it is necessary. If in doubt, leave out the medicine.

12. *DON'T* forget in medicine or surgery the Golden Rule: "Do unto others as you would that they should do unto you."

*Read before the meeting of the South Carolina Medical Association, in Laurens, S. C., April, 1910.

DIGEST OF MINUTES OF MEETING OF THE AMERICAN MEDICAL ASSOCIATION, ST. LOUIS MO., JUNE 6-10, 1910.

The sixty-first annual session of the American Medical Association was held at St. Louis, Mo, June 6-10, 1910. The registration was 4,070, this being the third meeting of the Association in point of size, and only surpassed by the Boston session in 1906 and the Chicago session in 1908. The weather was practically perfect and the local arrangements admirable.

The House of Delegates met on Monday morning in the Auditorium of the St. Louis Medical Society building. The president, Dr. W. C. Gorgas, U. S. A., read his address, in which the work of the Association was commended and a number of suggestions made. The report of the general secretary showed that during the past year 289 members had died, 1,937 had resigned, 1,031 had been dropped and 95 had been removed from the rolls on account of being reported as "not found," making a total loss of 3,352. During the year 3,593 new members were added, making a membership on May 1, 1910, of 34,176. The application of the Medical Association of the Isthmian Canal Zone for recognition as a constituent association was presented. The death of Ex-President Herbert L. Burrell was commented on. The secretary presented a tabulation showing the membership in the constituent State associations amounting to 70,146. The history of the secretaryship and its connection with the editorship of *The Journal* was reviewed. Dr. Simmons presented his resignation as general secretary and asked that it be accepted. The report was referred to the reference committee on reports of officers.

The report of the board of trustees showed encouraging progress in all lines of Association work, the work of the Council on Pharmacy and Chemistry, Council on Medical Education, committee on medical legislation, committee on nomenclature and classification of diseases and the committee on ophthalmia neonatorum being especially commended. The trustees recommended that the report of the committee on organization of a Council on Health and Public Instruction be carefully considered. The *addenda* to the trustees' report included a report from the subscription department, showing the average weekly circulation of *The Journal* for 1909 as 55,361. The treasurer's report showed a surplus in the treasurer's hands on January 1, 1910, of $163,340.72. The auditor's report showed property to the amount of $172,081.86, and total assets of $399,462.16. The report was referred to the reference committee on reports of officers. The report of the committee on medical legislation was presented by Dr. C. A. L. Reed, of Cincinnati, chairman. The year's work on national and State legislation was reviewed. Dr. Reed presented his resignation as chairman of the committee. The report was referred to the reference committee on legislation and political action. Dr. A. D. Beven, Illinois, presented the report of the Council on Medical Education, stating that during the past year the second tour of inspection of medical schools of the country had been made and submitting as a part of the report a classification of medical schools into three classes: (a) Acceptable, (b) needing certain improvements to make them acceptable and (c) those which would require complete reorganization. The report of the Council was referred to the reference committee on medical education.

At the afternoon session the board of public instruction and the director of the

post-graduate work submitted their reports. Dr. F. Park Lewis submitted the report of the commitee on ophthalmia neonatorum, reviewing the work of the past year and recommending that its work be enlarged so as to include all preventable causes of blindness, also that renewed efforts be made to have all births reported promptly so as to make possible more thorough work in the prevention of blindness. The report was adopted and the committee continued.

Dr. H. O. Marcy, Massachusetts, submitted the report on Davis memorial fund, showing total contributions of $2,771.34. Dr. Marcy presented his resignation as chairman and Dr. Billings presented his resignation as secretary of the Davis memorial fund. The report was referred to the board of trustees. The committee on nomenclature and classification of diseases reported progress. The Council on Defence of Medical Research reported the publication during the past year of thirteen pamphlets written by experts in the various fields and prepared for general distribution. The Council has also given much material to the daily press. The formation of a society of laymen for the promotion of medical research is being considered.

The reports of the following committees were presented: Patents and trademarks, uniform regulation of membership, elaboration of the principles of ethics and the United States Pharmacopoeia. The committee on anesthesia reported progress. It finds itself as yet unable to submit full and final reports for publication, but reaffirms the finding of the committee in 1908 that for general use ether is to be regarded as the safest anaesthetic. Major M. W. Ireland, U. S. A., presented a report from the committee on insignia, recommending the adoption of an official button showing the knotted rod and serpent as the insignia of the Association. Dr. Edward Jackson, Colorado, presented a report from the committee on the establishment of a Physicians' Sanitarium, recommending the appointment of a committee to draw up a plan for a corporate body to receive and administer funds for the relief of disabled physicians and to establish a sanitorium for physicians suffering from tuberculosis. The report was referred to the board of trustees. President Gorgas submitted a report from the committee on memorial to medical officers of the civil war, showing that three members had been appointed and that the two remaining positions would be filled by the appointment of one volunteer surgeon from the Union Army and one from the Confederate Army. After the presentation of a number of resolutions, which were referred to appropriate committees, the House of Delegates adjourned until Tuesday.

The House met on Tuesday afternoon with the newly installed president, Dr. William H. Welch, in the chair. Dr. Frank B. Wynn, Indiana, presented the report of the committee on scientific exhibit, recommending the preparation of cheap, compact and complete exhibits for the education of the public on all the problems of public health and comfort. Dr. Alfred Stengel, Pennsylvania, presented the report of the committee on scientific research, showing that three grants of $200 each had been made for the current year, as follows: Dr. R. M. Pearce, New York; Dr. Gerald B. Webb, Colorado, and Dr. E. C. Rosenau, Chicago. The committee on organization of a Council on Health and Public Instruction recommended that the committees on organization, medical legislation, public instruction and defence of medical research be abolished and that a council of five, to be known as the Council on Health and Public Instruction, be created. The report was referred to the reference committee on amendments to the constitution and by-laws. The reference committee on sections and section work reported, recommending the organization of a section on genito-urinary diseases with the following officers to

serve during the coming year: Chairman, W. T. Belfield, Chicago; vice-chairman, James Pedersen, New York; secretary, Hugh Young, Baltimore. The committee recommended that sections on physical forces in medicine and on hospitals be not established at present. The report was adopted. The reference committee on medical education endorsed the work of the Council on Medical Education and recommended that the rating and classification of medical schools as determined by the Council should be made public and that the Council should be instructed to continue its investigations. The classified list of colleges was presented as a part of the committee's report. (Copy enclosed.)

The reference committee on reports of officers recommended that the request of Dr. Simmons regarding his resignation as general secretary be respected and that his resignation be accepted in order that he might devote himself exclusively to the duties of editor of *The Journal* of the American Medical Association. This report was adopted. The reference committee on miscellaneous business recommended that the reports of the committees on pharmacopeia, nomenclature and classification of diseases and miscellaneous business be accepted and the committees continued. Dr. J. N. McCormack presented the report of the committee on organization, reviewing the work done for a department of public health and presenting the following resolutions:

Resolved, That the President be, and is hereby, authorized to appoint a committee of seven members, which shall be charged with the duty of framing a bill for a national Department of Health, to be presented to the next session of Congress in December, and that this committee shall consider and determine all matters and policies relating to national health legislation, and may invite the co-operation and co-operate with other organizations having the same purpose in view.

Resolved, That the principles of the Owen bill, having for its object the creation of a national Department of Health, now pending in the Senate, and similar bills introduced in the House by Representatives Simmons, Creger and Hanna, be, and are hereby, heartily approved by this Association, and the cordial thanks of the medical profession of the United States, officially represented by it, are hereby tendered to Senator Robert L. Owen, Irving Fisher and their co-workers for their able and unselfish efforts to conserve and promote the most important asset of the nation, the health and lives of its women, its children and its men, properly understood the greatest economic question now confronting our people.

The members of this Association stand for pure food, pure drugs, better doctors, the promotion of cleaner and healthier homes, and cleaner living for individuals, for the State and for the nation. We believe this to be held as equally true by the reputable and informed physicians of all schools or systems of practice.

We welcome the opposition of the venal classes long and profitably engaged in the manufacture of adulterated foods, habit-producing nostrums and other impositions on the people —to the extent of hundreds of millions of dollars annually—and express our sympathy for the well-meaning men and women who have been misled and worked into hysterics by the monstrously wicked misrepresentations of a corrupt and noisy band of conspirators and who are being used as blind instruments to enable them to continue to defraud and debauch the American people.

Medical science is advancing, especially on its life-saving side, with a rapidity unknown to any other branch of human knowledge. It is known of all men that our members in every community in the United States are unselfishly working day and night, instructing the people how to prevent tuberculosis, typhoid fever and the other diseases from which physicians earn their livelihood. Therefore, we welcome and will wear as a badge of honor the slanders of these unholy interests and their hirelings.

These resolutions were later on unanimously adopted by a rising vote.

Dr. T. D. Tuttle, Montana, moved the appointment of a committee to prepare suitable resolutions in regard to the death of Dr. Ricketts, after which the House of Delegates adjourned until Wednesday afternoon.

At the Wednesday session, Dr. Rosalie Slaughter Morton, New York, was granted the privilege of the floor to present the report of the public health education committee. The reference committee on legislation and political action commended the work of the com-

mittee and bureau of medical legislation and recommended that Dr. Reed's resignation be accepted with an expression of appreciation of his untiring, loyal and faithful services. The reference committee on hygiene and public health commended the work of *The Journal* in the direction of a sane Fourth of July. The reference committee on reports of officers submitted a supplementary report on Dr. McCormack's work, endorsing his recommendation of the appointment of a special committee of seven charged with the framing of a bill for a National Department of Health to be presented to the next session of Congress. Following the adoption of this report, Dr. Guthrie, Pennsylvania, moved the adoption of the resolutions presented by Dr. McCormack. This motion was unanimously carried. The committee on awards recommended that a gold medal be given to Dr. Claude A. Smith, of Atlanta, Ga., for an exhibit of experimental researches on hookworm disease and that certificates of honor be awarded to the following exhibitors: University of Minnesota, St. Louis University, St. Mary's Hospital, Rochester, Minn., St Louis City Hospital, Indianapolis Department of Public Health, University of Michigan, Dr. Honwink, St. Louis, special committee on prevention of blindness, New York, Northwestern University, Chicago, St. Louis Medical History Club. The following resolutions were then presented and adopted regarding the death of Dr. H. T. Ricketts:

WHEREAS, Howard Taylor Ricketts, a member of the American Medical Association, lost his life on May 3, 1910, from typhus fever, contracted while engaged in an investigation of that disease in the City of Mexico; and

WHEREAS, He sacrificed himself in the study of a preventable disease and in the interest of the health and lives of the human race; and

WHEREAS, His masterly attainments as a scientific worker in this and other fields rendered his life of inestimable worth to the medical profession and the world at large; therefore, be it

Resolved, That the American Medical Association, in convention assembled, herewith express its high appreciation of the ideals, the efforts and the achievements of this brilliant investigator, and its deep sorrow at the loss of a most brilliant investigator, and its deep sorrow at the loss of a most valued and cherished member; and

Resolved, That we herewith express our sorrow in the death of Dr. Conneffe, of Ohio, who lost his life as a result of infection with typhus fever while working with Dr. Ricketts in Mexico City; and

Resolved, That these resolutions be spread on the minutes of this Association and published in The Journal.

After the election of a number of associate members and the presentation of miscellaneous resolutions, which were referred to appropriate committees, the House adjourned until Thursday morning.

A special meeting of the House was held on Thursday morning to consider the report of the reference committee on amendments to the constitution and by-laws. A large number of amendments, consisting mainly of verbal modifications, were adopted. The last meeting of the House of Delegates was held on Thursday afternoon, the election of officers being the first order of business. The following officers were elected: President, Dr. John B. Murphy, Chicago; first vice-president, Dr. E. E. Montgomery, Philadelphia; second vice-president, Dr. R. C. Coffey, Portland, Ore.; third vice-president, Dr. W. G. Moore, St. Louis; fourth vice-president, Dr. H. L. E. Johnson, Washington, D. C.

When nominations for general secretary were called for, Dr. I. C. Chase, of Texas, nominated Dr. Simmons for re-election in a speech which invoked repeated rounds of applause. In spite of the fact that his resignation had been presented and accepted it was evident that the House of Delegates was determined to re-elect him. After a large number of delegates from different States had expressed their views, Dr. Simmons was unanimously re-elected. Dr. Frank

Billings was nominated for re-election as treasurer by the board of trustees and was elected. The following trustees were then elected to serve until 1913: Dr. W. W. Grant, Denver, Colo., (re-elected); Dr. C. E. Cantrell, Greenville, Tex., (re-elected); Dr. Frank J. Lutz, St. Louis, Mo. The president appointed the following as members of standing committees, the appointments being confirmed by the House of Delegates:

The Council on Medical Education—Dr. George Dock, St Louis, to succeed Dr. E. E. Southard, to serve until 1915.

Council on Health and Public Instruction—Dr. H. M. Bracken, Minneapolis, to represent public health; Dr. W. B. Cannon, Boston, to represent defence of medical research; Dr. Henry B. Favill, Chicago, to represent public instruction; Dr. J. N. McCormack, Bowling Green, Ky., to represent organization, and Dr. W. C. Woodward, Washington, D. C., to represent legislation.

The reference committee on sections and section work recommended the election to honorary membership of Dr. Alfred Saenger, Hamburg, Germany; Mr. J. Herbert Parsons, F. R. C. S., London, England, and Dr. James H. Honan, Berlin. The board of trustees reported regarding the publication of special journals on surgery and pediatrics, and after extended discussion the matter was referred back to the board with full power to act.

Invitations for 1911 were presented from Los Angeles, Cal., and Buffalo, New York, and on ballot Los Angeles was chosen, 61 to 58.

The reference committee on hygiene and public health presented a report condemning the multiplication of optometry boards and the appointment of non-medical and unqualified persons thereon, recommending the formation of a committee on the prevention of blindness and authorizing the appointment of a committee to co-operate with the Department of Commerce and Labor with a view to establishing proper visual standards and tests for pilots. Following the adoption of resolutions of thanks to the Missouri State Medical Association, the St. Louis Medical Society, Governor Hadley, Dr. Dorsett and his local committee of arrangements, the House of Delegates adjourned *sine die*.

The attendance of the House of Delegates was large, 133 delegates being registered. An enormous amount of legislative work was done, the bulk of which was transacted in committees. The revision of the constitution and by-laws and the reorganization of the standing commitees will greatly strengthen the work of the Association and increase the possibilities for improved work. Taken as a whole, it was one of the most important sessions which the Association has held and the prospects for the coming year are better than ever before.

EDITORIAL.

FLORENCE NIGHTINGALE.

With the closing of the life of Florence Nightingale on August 13th, 1910, there ended a career which has left an indelible impression on the world. Few realize that to this one woman more than to any other person in the world is due both the humanitarian changes in warfare and the equally important changes in civil life due to the advent of the trained nurse.

Miss Nightingale was a woman of exceptional ability as an organizer and as a leader of men. Although exceedingly modest, she was a wonderful manager. She accomplished what had never before been successfully attempted—a complete revolution in the method of caring for the sick and wounded in war; she went to the front in the Crimean War with the first organized corps of nurses ever taken to war, and in spite of precedent and prejudice won both privates and officers by her marvellous tact. She mitigated the horrors of hell, winning for herself the well deserved soubriquet of "The Angel of the Crimea."

Miss Nightingale was no seeker after notoriety, no adventuress, no woman with a sinister ulterior motive but a pure love of humanity. Born of rich parents, accustomed to luxury, with the ease of such a life as most rich women like in her grasp, she quietly abjured them all and proceeded from England to the Continent to study nursing as there practiced by certain of the religious sisterhoods and hospitals. Having accumulated what information she could from these, she then organized a corps of women, trained them after the best methods culled from her observation, and proceeded to join the British army then fighting in the Crimea. After doing invaluable work there for the sick and injured of both sides, she returned to England at the close of the war—returning in the same modest way in which she always lived. She refused orders and decorations; she avoided public demonstration in her honor; she refused other recognition of her service than that deep reverence felt by every soldier for his "Angel." No pomp or display appealed to her.

After regaining her health, which had been damaged by her arduous labors at the front, she then set about a revolution in the nursing methods of hospitals and wrought a change which has affected the whole world. To her is due the modern nurse, and more than is known, the modern hospital—for without the latter the former would be crippled, and modern surgery would be almost impossible; while medicine of to-day would still be in the wilds of haphazard work.

And then, to complete a well filled life, she was chief among those to establish the Red Cross organization. Any one of the things she did would have been enough to have brought eternal honor to any one individual—would have caused the thinking world to say: "She has done a full share of the lifting of the world's burdens and done it well," and have brought honor to her name; but her sole thought was to benefit humanity, to alleviate pain; and her life was spent in this endeavor. With no cease from labor, with no thought of wealth or of fame, she labored on until at last her strength was ended and she passed to a reward she could not refuse as she did those of earth.

Loving all the world, she was of all men beloved; laboring long and faithfully, she won her rest, and may her rest be sweet and her dreams of wondrous joys. "She is not dead but sleepeth."

THE TRAINED NURSE.

And what of the child of Florence Nightingale's dearest waking dreams? Of the one who "when pain and anguish wring the brow" proves a "ministering angel?" Of the trained nurse? Let us stop a moment and ask ourselves what we and the world at large owe her?

It has not been so long ago, as the world counts time, when the happiest ending to many a tortured soul would have been to curse God and die, for he was in misery; with no one to even moisten the tip of his tongue as he lay burning in the fires of hell. The help the sick got was almost more deadly than the disease itself (unfortunately this at times holds good even now,) and infectious cases were treated with even less kindness than suffering dumb animals. The drunken Sallie Gamp was the type of nurse on whom the sick had to depend, and the poor invalid was lucky when a nurse could not be obtained.

Owing to the superstitious horror of the unknown disease forces, only persons who had reached a depth of infamy and shame in which a sordid indifference to life had grown were able to be hired, and as a result the drunken, filthy, coarse and calloused remnants of society took on the care of the sick for pay. Of course, there were some good women among them and the various nursing sisterhoods were above reproach after their lights, but the average nurse was bad—ignorant, indifferent and insolent—they added fire to hell and pains to patients.

Compare with these vampires of the past, the intelligent, neat, clean-living, clean-thinking nurse of to-day—the woman who is welcome in any home where she has once been, the one who unhesitatingly faces disease in every form, dangers of every sort to help her patient; the bright and cheerful sick-room companion, and yet the tactful, firm ruler who is our aid in work of every sort. Most physicians see but little of our patients—we rush in, we find the patient brightened up for our visit, rush out again, and do not realize the long strain the poor nurse is on day after day, night after night with querulous patients and anxious families. Answering the same old queries time after time, soothing and quieting nervous and irascible and unreasonable patients, doing hard manual labor which would weary the stoutest muscles, exposed for long periods of time to the gravest infections and with all self-abnegating, self-contained and unselfish. We are apt to forget the strain the nurse is on in our own strain and to blame her at times for our mistakes. It is unfair to remember that we are human and to forget that the nurse is just as human as we are. And at the same time we should give her her due as an invaluable adjuvant, our co-worker in the fight.

A nurse's work is hard. From the time she enters the training school for the two or three years she trains she practices self-restraint. She eschews all the pomp and vanities of this wicked world. She works hard around the clock and then must study in addition. Her time for recreation is little and her holidays short and few. She is taught to hear and to obey in silence. She is blamed for the smallest error and at times becomes the scapegoat for the mistakes of the physician or the surgeon, but still she must suffer in silence. On her falls all the drudgery of the hospital, little of the pleasure and none of the emoluments. And in spite of this she must keep cheerful. She learns in time to get her pleasure in her work or else abandon her training. She has to be exact—the slightest error in technique of preparation may mean the failure of an operation and the death of a patient, or the failure to follow directions may mean the loss of a medical case. But though she must become a machine, she must become an intelligent one, prepared to meet any emergency, clear-eyed and clear-headed—she must use judgment, but it must be *good* judgment, or else she is blamed. She must learn to keep silent. She must do the

disagreeable things we do not like to do. And doing all these, do we as men and physicians do our share? Not always, we fear. For at times we forget that they are not really pieces of machinery but highly trained, sensitive women, and do and say things which hurt their feelings or offend their sensibilities.

We could not now do without them in our hospitals or private work and should realize that they, too, are human and worthy of consideration. Errors they may make, faults they may have, but as a class they are high-toned, high-minded and good—and a very present help in time of need.

PATHIES AND ISMS.

The medical profession is not without faults; we have our black sheep as have other professions, and we are tainted with commercialism to a certain extent in some instances, but as a rule we try to be honest and work for the good of the many instead of the glory of the few. One of our faults has been a marked degree of intolerance for those who practice the psychology of medicine, and as a result we have seen spring up a tremendous number of "pathies" and "isms" of all sorts which have in their turn become equally intolerant of each other and of the regular school of practitioners.

It is a sad commentary on our disregard for people's feelings that so many apparently intelligent individuals are running after various false gods instead of finding relief in legitimate medicine. Each school which has sprung up had a modicum of truth sufficient to strike the one thing needed by a certain group of cases, which thing was not reached by the regular school of practitioners, and so grew and flourished. For instance, homeopathy should never have found a *raison de'etre*, nor should osteopathy, nor Christian Science, but each should have been rendered unnecessary by a wider knowledge on the part of the physician. Christian Science undoubtedly reaches a large class of people with imaginary troubles and had intelligent suggestive therapeutics been used, this sect would have no reason for its being. Osteopathy likewise would have been where it belonged as a branch of applied mechanical therapeutics, a sort of massage, and each physician should be able to apply it intelligently. And homeopathy is gradually changing its spirit to meet a similar change in the regular school. We had better begin realizing that we can learn something from these various sects and start extracting the useful parts from them for our own use. Unless we do this, we shall see a constant increase in their power and number and shall be left in the race. They get a small percentage of the good results and a large percentage of the coin as matters stand to-day.

CHOLERA—YESTERDAY AND TO-DAY.

Among the great scourges of the past cholera ranks high and apparently it has to-day lost little of its ability to decimate an ignorant populace. Yet the disease is one which is easily checked by properly applied precautions. A water-borne disease, proper filtration of a community's water supply will in a short time, as was demonstrated not many years ago in the Hamburg-Altoona epidemic, stop the advance of the disease; and where filtration is impossible, boiling the water will prove an effectual guard against the spirillum of cholera. But reliance on superstition, on prayers and processions, coupled with disregard of hygiene will continue to slay thousands as is now occurring in Russia and in Italy. More men are slain daily with the jawbones of asses than ever Sampson slew, and with less excuse for the slain.

Every one who preaches reliance in words and patter, every one who teaches that wind and not works will serve to stay an epidemic is a menace to the public health and deserves to be placed either among the wilfully malicious or the criminally insane as a public danger—he

should be removed to some place where he can do no harm and be segregated among the other asses where his jawbone will do no ill. This is not meant as an assault upon religion, which is an excellent thing, but on a certain sort of blind reliance in some mysterious power supposed to reside in noise. We do not object to faith, but "faith without works availeth little," and works are what is needed in coping with an epidemic of any sort.

So far over 50,000 deaths have been reported in Russia during this epidemic, from cholera ostentatiously, but ultimately from superstition and ignorance. In Italy the death toll has so far not been so great. It is time that those who are reputed the spiritual leaders of the people awake to the fact that they are responsible for the lives of many innocents and that their methods of dealing with material ills are failures. They should bend their energies to assisting instead of hampering the work of those who are laboring in a scientific manner to control disease. By so doing they could work an immense benefit, for they have vast power. But we suspect that they will continue blind, to lead their sheep and to slay each his thousands with his wagging jawbone.

SOCIETY REPORTS.

Abbeville, no report, 4th month.
Anderson, no report, 6th month.
Aiken, no report, 2d month.
Bamberg, no report, 6th month.
Barnwell, no society.
Beaufort, no report, 6th month.
Charleston, no report.
Cherokee, no report, 2d month.
Chester, no report, 6th month.
Clarendon, no report, 5th month.
Colleton, no report, 5th month.
Darlington, no report, 6th month.
Dorchester, no report, 6th month.
Edgefield, no report, 6th month.
Fairfield, no report, 6th month.
Florence, no report, 6th month.
Georgetown, no report, 2d month.
Greenwood, no report, 6th month.
Hampton, no report, 6th month.
Horry, no report, 6th month.
Kershaw, no report, 6th month.
Laurens, no report, 6th month.
Lee, no report, 6th month.
Lexington.
Marion, no report, 2d month.
Marlboro, no report, 6th month.
Newberry, no report, 2d month.
Oconee, no report, 2d month.
Orangeburg, no report, 6th month.
Orangeburg, Calhoun.
Pickens, no report, 2d month.
Columbia, Richland County, no report, 2d month.
Saluda, no report, 6th month.
Spartanburg.
Sumter, no report, 6th month.
Union, no report, 6th month.
Williamsburg, no report, 6th month.
York, no report, 2d month.

On Thursday, July 21st, a new medical association was organized, comprising the counties of Orangeburg, Lexington and Saluda. This association is to have its next meeting at Bamberg some time in February. We are to have a most delicious and improving mental menu, composed of edifying papers by the following learned gentlemen: "Pneumonia," by Levi C. Shecut, M. D.; "Illegal Practice," by Dr. G. T. Roberts, and, of course, an address by the president, Dr. J. J. Wingard. There may be other subjects dished up to us, which we will tell you about later. Everybody must watch *The Journal* for the announcement of that meeting and be sure to come. You'll have as good a time as we had at Batesburg, and now I will proceed to tell you about that.

On July 21st a number of the medical profession met at Batesburg for the purpose of organizing this new association. We had a rousing good meeting in the Drs. Timmermans' reception room. Dr. W. P. Timmerman was made chairman *pro. tem.*, and Dr. J. J. Wingard, of Lexington, secretary *pro. tem.* Drs. R. H. and W. P. Timmerman, in whose office we met, were prepared for us. They had gathered in a number of their rarest and most interesting cases. Dr. Frontis, of Ridge Spring, also brought

along a case of acute pellagra. We examined all those clinics and passed most edifying and illuminating observations upon them. It made us feel as though we were back in the old amphitheatre at college and were again being called upon by the professor in charge for a diagnosis. Let me digress right here and tell you that if a few more of us would bestir ourselves in behalf of our medical meetings and try to make them as interesting as the Drs. Timmermans that our societies would not only be attended for the social feature, but we would feel that it was a real loss educationally to miss a meeting. Let us of Orangeburg County turn over a new leaf and really do something worth while. We can if we will. Who'll help? Pardon that digression. I haven't finished telling you about that meeting. We had fine papers by Drs. Conner, of Saluda; Quattlebaum, of Columbia, and Resir, of Leesville. They will all be published in *The Journal.* Look out for them. Dr. Conner's is on "The Ethical Side of Medicine," Dr. Quattlebaum's on "The Value of Nasal Breathing," Dr. Riser's on "Modern Treatments of Typhoid Fever."

After organizing a permanent association, the following officers were elected: President, J. J. Wingard, of Lexington; vice-president, Dr. J. J. Cleckly, of Bamberg; secretary, Dr. Sophia Brunson, of Elloree. Executive committee: Drs. R. H. Timmerman, of Batesburg; Dr. G. F. Roberts, of Lexington; Dr. J. Matthews, of Denmark, and Dr. Y. H. Dreher, of St. Matthews.

A banquet was given by the Drs. Timmerman at the Batesburg Hotel in honor of the members of the Association and invited guests. Dr. W. P. Timmerman was toastmaster and Messrs. Barrett Jones, L. W. Fox and Solicitor Geo. Bell Timmerman and Dr. Sophia Brunson all made speeches.

After the banquet the Drs. Timmerman took the guests automobiling and showed them all points of interest about the country. Summerland Inn is an ideal place for a sanitarium. The buildings and springs are there, why not turn it into one?

Altogether the first meeting of the new Association was a great success, may there be many happy returns of the day.

SPARTANBURG, S. C., Sept. 2, 1910.

The Spartanburg County Medical Society held its regular monthly meeting August 26th, 1910, with the following members in attendance: Drs. H. R. Black, W. W. Boyd, W. J. and W. H. Chapman, A. D. Cudd, A. R. Fike, L. R. H. Gantt, W. L. Kirkpatrick, W. W. Painter, D. L. Smith and J. R. Sparkman. Dr. W. J. Chapman reported two very interesting cases, one of pregnancy complicated with nephritis, the other pregnancy complicated with typhoid fever and jaundice. These cases were freely discussed. The essayists appointed were not present. It was decided that the October meeting be a Sims meeting and at that time funds be collected to help build the monument to Sims, which the State Association is working for. The members of the General Assembly from the county will be invited to attend this meeting.

L. ROSA H. GANTT,
Secretary.

The Spartanburg County Anti-Tuberculosis League held its annual meeting on August 31st, the following officers being elected for the ensuing year: President, Dr. L. Rosa H. Gantt; vice-president, Dr. J. L. Jefferies; secretary-treasurer, Dr. D. Lesesne Smith. The reports showed that in spite of being very much limited as to funds a good deal of work had been accomplished. In order to be able to broaden the scope of its work and have a name less distasteful to the general public, the name of the League will hereafter be the Spartanburg Health League.

L. ROSA H. GANTT,
Chairman.

CURRENT LITERATURE.

VEIN-TO-VEIN TRANSFUSION OF BLOOD.

By George Morris Dorrance, M. D., and Nate Ginsburg, M. D.

(Journal of the A. M. A., Aug. 13, 1910.)

The artery-to-vein method has been advocated in the last few years by investigators of the subject, notably by Crile. Anastomosis of the vessels is established either by means of a modification of Payr's original tube or by direct suture of the vessels. At the best, the operation is a delicate one and should be performed with a full realization of the risk, both to the recipient and to the donor. The advantages claimed for the employment of the arterio-venous method of transfusion are: (1) That sufficient blood pressure is obtained to introduce the blood quickly from the donor into the circulation of recipient, and (2) that the blood obtained is richer in oxygen content.

The operation itself is beset with many technical difficulties and should not be attempted by any one who has not perfected his skill by repeated experiments on animals. It is of no value in severe infections, in the cachexia of cancer and in tuberculosis. In pernicious anemia and in leukemia, transfusion has disappointed the great expectations which the introduction of the method aroused for the cure of these hopeless conditions. Transfusion is decidedly harmful in cases of purpura hemorrhagica, and whenever hemolysis is taking place.

CHILDBIRTH AFTER APPARENT MENOPAUSE.

L. Buckle, M. D., New York.

(Journal of the A. M. A., Aug. 13, 1910.)

C. H., a well preserved and healthy looking woman, aged 50 years, always menstruated regularly and never had any genital troubles till fifteen years ago. At that time she gave birth to twins, making the number of children seven in all. About a year later menstruation returned but with considerable irregularity; and in another year it ceased altogether. Two years ago, eleven years after the cessation of menstruation, she began to feel out of sorts; she lost her appetite, had nausea and felt weak. She was examined and treated by several physicians, including myself, at various times, but her true condition was not diagnosed and she remained unrelieved. One doctor told her that she had a growth and an operation would be necessary to remove it. The others treated her for gastritis, nervous dyspepsia, etc. She began to worry over her troubles and became much emaciated, anemic and nervous.

One day she came into me and said: "Doctor, I have a cancer and I feel it move around here," pointing to her abdomen. But this time ballottement, fetal heart-sounds, milk pressed out from nipples and other signs pointed to an undoubted pregnancy. She must have been then in the sixth month, for about three and a half months later, I delivered her of a boy of normal size and weight. About a year after this birth, menstruation returned and since appears regularly every month.

Pregnancy eleven years after cessation of menstruation is rather rare. So also is the return of normal menstruation after a cessation of thirteen years. These unusual features seem to justify reporting the case.

DIAGNOSIS AND SURGICAL TREATMENT OF OESOPHAGEAL DIVERTICULA.

(The Old Dominion Journal of Medicine and Surgery, July, 1910.)

Dr. Chas. H. Mayo (*Annals of Surgery,* June, 1910) says that diverticula or pockets, which occur along the oesophagus and lower pharynx, although somewhat rare are so great a menace to health when they do occur that their early recognition is of the utmost importance. The greater number of diverticula are of the pharyngo-oesophageal type and are found in the lower pharynx or upper oescophagus, because at this point, sometimes called the "Lannier-Hackerman area," there is a natural deficiency of muscular support where the pharynx merges into the oesophagus, particularly on the posterior side. Diverticulum is a condition confined to adult life and gives practically no symptoms until difficulty in swallowing is experienced; then a cough may occur from nerve irritation, and pressure from behind the trachea often causes coincident dyspnoea. Dr. Mayo says that operative procedures have been quite simple in all but two cases. Incision is made along the inner margin of the sternomastoid muscle, which is tracted outward and the anterior sternal neck muscles are drawn inward. The lobe of the thyroid is now elevated and the lateral thyroid vain ligated and cut. The sac can usually be identified, but should any doubt exist, a urethral sound can be passed down the pharynx and its point used to elevate the sac into the wound. Care must be used to preserve the recurrent laryngeal nerve from injury. The sac is opened and an examination made of its interior. It is then amputated and the wound closed by a continuous mattress suture, like an intestinal opening (mucosa inside) and a Cushing parallel suture of fine catgut is inserted to reinforce the closure. The wound is washed with a weak solution of iodine and a temporary drain of rubber tissue inserted. In the after care much fluid saline is given by slow enemata and patients are fed twice a day by passing a small stomach tube. Sips of hot water are permitted at rare intervals on the second day. Eight cases of oesophageal diverticula have been diagnosed in the clinic at Rochester. Six were operated upon without mortality. Perfect relief followed. Two have not been operated.

LACTATION IN THE BLAZEK UNITED TWINS.

(Journal Kansas Medical Society, Aug., 1910.)

Considerable scientific interest has been aroused over the phenomena of lactation in the United Bohemian Twins, the Blazek sisters, one of whom was delivered recently of a boy at Prague (mentioned in the Vienna letter April 28). The father of the child is the manager of the two sisters, who has exhibited them to the public for several years. The Blazek twins form a pygopagus; that is, twins joined at the buttocks; all the organs of the truck are duplicated, except that the rectum and the introitus vaginæ are in common. Formerly the sisters menstruated for a four to five day period. During pregnancy the menses ceased in the pregnant woman, while the other sister menstruated regularly until the last two months before the birth. It is remarkable that lactation set in not only in the woman who was delivered but also in her sister. Dr. Basch, who examined the sisters in the Prague Hospital, reports this fact and its explanation in the last number of the *Deutsche Medizinische Wochenschrift.* (Trunececk and Baudouin also discuss the teratologic aspect of the case in the *Semaine Medicale,* May 18.) Basch regards the influence of the sympathetic nervous system on the secretion of milk as small. The role of the sympathetic is especially shown in the transmission of reflexes in sucking or milking which are necessary to a uniform

continuous activity of the mammary glands. The essential specific activity of the mammary glands is independent of the nervous system. According to Basch, the growth of the breasts is occasioned by stimulant substances which are present in the ovary after impregnation, while the initiation of the secretion of milk is brought about by stimulating substances which may be obtained from the expelled placenta. According to his opinion the secretion of milk in the non-pregnant twin is to be explained by the fact that we have to do with individuals living in parabiosis in whom the necessary stimulus to the production of lactation generated by the pregnant sister was carried by the common blood stream to the other sister with positive effect. Whether this idea will be sustained by other investigators remains to be seen.

Dr. Roland Hill's address before the Association of Ex-House Officers of the Toronto General Hospital, Canada, is given in full in the *New York Medical Journal* for July 30th. Dr. Hill says: The borderland between medicine and surgery (the subject chosen,) is one that appeals to all of the different specialists and to the general practitioners as well. That the one great factor that did more to influence medicine in both its medical and surgical aspects was the discovery that germs were the great causative factors of disease. While the discovery of bacteriology has been of so much value from a strictly medical standpoint, it has been of equal if not more value in the development of modern surgery. Conditions that were formerly regarded as belonging strictly to the province of the internist passed on to debatable ground or definitely within the domain of the surgeon. The borderland to-day is represented almost entirely by the line of encroachment of modern surgery upon the field of the internist. It is only a few years since an enthusiastic young surgeon in one of our American medical societies advocated ovariotomy for certain ovarian tumors. There was present one of America's great surgeons—a man whose fame was national. After the young surgeon had vehemently espoused the cause of laparotomy for these conditions, the great surgeon rose to his feet and impressively remarked: "Gentlemen, I have done four of these operations and four little mounds in the cemetery mark the results of my work." The same surgeon died less than thirty years ago of peritonitis as a result of gall-stones, from which he had suffered for many years. At that time his colleagues considered the condition strictly medical. Innumerable lives have been sacrificed by treating by medical means conditions that could to-day be cured by surgery—at the same time, it must not be forgotten that pioneer surgery in the cavities of the body lead also to very many unnecessary deaths.

The two great fields first invaded were the pelvic and appendiceal regions. McDowell had performed his classical operation for ovarian tumor in a cottage in Kentucky more than one hundred years ago. One of the borderland questions of this region that is becoming more and more prominent is that of Cæsarean section. The general advance in medicine is nowhere more marked than in the genito-urinary tract.

Borderland diseases of the upper abdomen are so closely associated with malignancy that that question becomes of supreme moment. According to statistics one-half of all the cancers of the body are gastro-intestinal. At this point it is interesting to note the view advanced by Bland Sutton that cancer is due to a micro-parasite probably taken in with the food and water.

The borderland has presented a gradual encroachment of the surgeon during the past few years. From present observations it will continue as far as abdominal diseases are concerned, but it is extremely doubtful if the line of surgical limitations has not been nearly reached as regards the nervous system and its diseases.

VENEREAL DISEASES IN THE UNITED STATES ARMY.

By Col. L. Marvin Maus, Medical Corps, U. S. Army, Chief Surgeon, Dept. of the Lakes.

(The Military Surgeon, Aug., 1910.)

It is generally conceded by medical officers that there is no one factor or condition in the army which produces more sickness, decreases the efficiency of the men so greatly or affects their *morale* more than disease of venereal origin. In this regard the demoralizing influences of alcoholism and desertion compare but feebly with the direful and far-reaching results of diseases of this character, and there is no military problem which confronts the War Department which is more worthy of discussion or requires more prompt or energetic action.

The history of syphilis begins with the dawn of primitive man, and it has been asserted by some writers on the subject to have been the cause of more deaths than any other disease known to the world. Through its hereditary influences tribes and races have been obliterated and swept off the face of the earth. Many plans for the suppression of venereal diseases have been proposed, but owing to public sentiment, politicians and lawmakers in general have failed heretofore to take up for consideration legislation which would entail recognition of prostitution. Looking at the question as we may, the existing evil in our army is to-day greater than it was a few years ago, and it becomes our duty as medical officers and guardians of the health of the army to devise logical and scientific methods for its abatement, whether popular sentiment be injured thereby or not.

LICHEN PLANUS.

By Charles A. Kinch, M. D.

(New York Medical Journal, July 30, 1910.)

Lichen is a name that was given by the Greeks to the flat mosses which grow on rocks and trees. The word is still used by botanists in this sense. The Greek physicians also applied it to dry papular eruptions upon the skin, and this usage prevailed until fifty years ago. Lichen planus is an acute disease of the skin which may assume a chronic form, characterized by millet sized papules angular in outline, flat or slightly depressed in the centre, light red in color and shiny. It is to be distinguished from psoriasis, chronic eczema, lichen ruber and the secondary eruptions of syphilis. The disease process begins in lichen in the papilla with enlargement of the calibre of the capillary loop and softening and infiltration of the cells of the rete and of the fibres of the derma. Wilson has noticed lichen planus in the proportion of fifty-one cases to 10,000 of all skin diseases. The therapeutics of lichen planus is simple. As a rule dermatologists use in their practice very little arsenic, yet in this disease it had a reputation. Lichen planus never brings about the death of a patient as lichen ruber does. Yet it is tedious in its course and requires in its care great patience on the part of the physician and patient.

THE BONE CALLED "LUZ."

By Fielding H. Garrison, M. D.

(New York Medical Journal, July 23, 1910.)

Among the many shafts of sarcasm which the author of "Hudibras" aimed at the Rump Parliament, the following, if it did not afford "laughter for a month and a good jest forever," may well have furnished "argument for a week" among anatomists:

The learned Rabbins of the Jews,
Write there's a bone which they call Luz
I' the rump of man, of such a virtue,
No force of nature can do hurt to;
And therefore at the last great day,
All th' other members shall, they say,
Spring out of this, as from a seed
All sorts of vegetals proceed;
From whence the learned sons of art
OS SACRUM justly style that part.
Then what can better represent
Than this Rump Bone, the Parliament,
That after several rude ejections,
And as prodigious resurrections,
With new reversions of nine lives,
Starts up and like a cat survives?

Was the sacrum really the bone to which Butler refers, and, if so, how did it come by the name of "Luz?" That the author of "Hudibras" and other writers should have confounded the "Luz" with the os sacrum is also natural enough on account of the name given to the bone by the ancients, and for the reason that the Talmudists assert that the bone extends anywhere from the eighteenth vertebra to the femur. The notion that there were only eighteen vertebrae in the spine was one of the many errors that was perpetrated and propogated by the anatomists of the School of Salernum, who believed that the lumbar vertebrae were part of the cauda equina. From this medieval viewpoint the twelfth dorsal vertebrae should be the bone "Luz." The Mohammedans assumed the coccyx to be the bone "Luz" on account of the small size of the former. With the publication of the "Fabrica," anatomy became a practical working science and the bone of "Luz" was gradually relegated to the limbo of folklore.

ANKYLOSTOMIASIS.

By Clarence L. Cole, A. B., M. D., Prescott, Ariz., Captain Medical Corps, U. S. Army.

(Southern California Practitioner, July, 1910.)

Ankylostomiasis is said to have been known at least 1,500 years before Christ. The description of symptoms and treatment of the disease are given in Ebers papyrus. The disease was rediscovered by Piso, in Brazil, in 1648, and the medical literature of a number of countries appearing between this date and that of the discovery of the parasite by Goeze, in 1872, bears evidence of the knowledge of a more or less general distribution of the disease throughout tropical countries during this period. It was not until fifty-five years later (1843) that the parasite causing this disease was removed from the human intestine by Dubini while performing an autopsy. The disease has received many names; some of these names given by Osler are "Egyptian chlorosism," "brickmakers' anemia," "tunnel anemia," "miners' cachexia" and" mountain anemia." The disease has a special name in nearly every country in which it is found, but the numerous English names that point it out as a miner's disease indicate its prevalence among men following this occupation, and it seems very unlikely that infected miners from other localities have not introduced the disease into Arizona. I have been unable to find any reference to any cases of this disease in Arizona, yet it has been reported from Texas, Mexico and Southern California. It was not known until 1893 that the first case of ankylostomiasis was discovered in the United States. Prior to the description published by Stiles, in 1902, of a new species of hookworm (Necator Americanus,) it was thought that all cases of this disease occurring in man were due to the ankylostoma duodenale (Dubini). Formerly ankylostomiasis was thought to be a water-borne disease, but it is now known that the disease is generally transmitted by the parasite gaining entrance to the body through the skin. Access is rarely, if ever, gained by the alimentary canal. The pathology of ankylostomiasis comprises marked changes in the blood elements and blood-making organs. The facial expression is peculiar to the disease.

LESSONS OF A HALF-CENTURY IN MEDICINE.

By Simon Baruch, M. D.

(The Old Dominion Journal of Medicine and Surgery, July, 1910.)

For many years it has been my custom to present a retrospect of professional observations as occasion presented itself. This practice was initiated when, in 1874, I was called upon as president of the South Carolina Medical Association to open its session with an address. To promote the advancement of our beloved calling, to further the interests of those who follow it, has been and still is the goal of all my striving. Hippocrates has written, "Art is long, life is short, experience fallacious and judgment difficult;" hence the imperative need to add to the general store of knowledge at any cost.

Since the earliest days of practice the idea has forced itself upon me that therapeutics was the least satisfactory branch of medicine. The public for several years has been becoming weary of our polypharmacy. As in the day of Hahnemann, so in this so-called advanced time, the public prefers simple management to this everlasting symptom medication with proprietary preparations which have enormously increased the cost of the prescription. A few days ago a druggist told me of one costing $4.00. When Hahnemann appeared, the public was ripe for any relief from the purging, vomiting, blistering, salivating, starving, narcotising regime. Despite his absurd doctrine he gained so many adherents among the long-suffering people that he thereby won many medical adherents. Little did he think that his infinitesimal medication would lead to the recognition of Vis Medicatrix Naturae—the allopaths justly regarded the infinitesimal doses of Hahnemann as absolutely inert. Dietl, of Vienna, instead of bleeding and starving pneumonia patients, abandoned all treatment, except feeding and cleaning, and his results were great reduction of mortality. In our country Jacob Biglow and Oliver Wendel Holmes had made this preachment to deaf ears. This was the rise of the nihilistic or expectant method of treating disease, which in the early sixties was at its height. When I emerged from the dark days of the war, Austin Flint, senior, and others were teaching expectant, almost nihilistic therapy with vigorous speech and trenchant pen. To meet their opposition, there came upon us slowly the modern drug manufacturers, whose products claimed to make nauseous medicines palatable, and insidiously tempted the doctor as well as the patient. That the medical profession is permitting itself to be misguided by these mercenaries is evident from the advertising columns of our best journals. The confidence of our patients cannot be gained in this advanced age unless we are perfectly frank in acknowledging what Hufland and a few other enlightened men taught long ago. Not the doctor but nature cures. We have made it a life occupation to study the nature, causes and courses of disease, and the action of all remedial agents; we act in the capacity of a pilot who trusts the forces of nature to the tide, the wind or steam to carry his vessel into port, but stands at the helm to *guide* it aright: we know the shoals and tortuosities of the channel. The supervision of the educated physician is as essential as that of a pilot.

AN HISTORICAL NOTE ON THE SO-CALLED LUDWIG'S ANGLE, OR THE ANGLE OF LOUIS.

By Edward H. Goodman, M. D., Philadelphia, Pa.

(Medical Record, July 23, 1910.)

Our slavish following of German thought is well illustrated by the nomenclature given to that prominence of the

thorax corresponding to the juncture of the manubrium with the body of the sternum. It will be a matter of more than passing interest to many physicians to learn that Ludwig's angle is so called not after any German "Ludwig," but in honor of the great French clinician, Louis. "Ludwig" is the German translation of the French name, and so the real identity of the original discoverer of the prominence has been masked. Ludwig's angle is so called in honor of the great clinician (born 1787—died 1872), who is supposed to have described it for the first time. The prominence alluded to commonly commenced under one or other clavicle, and extended downward to near the mamma, or even a little beyond in some cases, its breadth being three or four inches. If any prominence should be called Ludwig's angle, or angle of Louis, it should be the abnormal prominence seen as the result of disease, and not the normal joint.

THE VALUE OF TEST MEALS.

(Medical Record, July 23, 1910.)

J. Russell Verbrycke thinks that there are many who either undervalue the test meal or are prejudiced against it. One can by painstaking history and careful physical examination make a diagnosis in a number of the anatomical diseases of the stomach, but one is aided and has his opinions confirmed from examination of a test meal. One can by this means arrive at the extent of the functional changes which are coincident with the anatomical disease. In the purely functional changes one can only obtain a definite idea as to the degree of abnormality by means of the test meal. The use of the stomach tube in addition to recovering material for examination, can tell if there is any organic stricture or spasm of the lower end of the esophagus or cardia. It can also determine the length of time food remains in the stomach, the condition of motility, the presence or absence of pyloric obstruction, and whether the patient eats hastily, without proper mastication. There are certain points the forgetfulness of which may lead to skepticism in regard to the value of the test meal. Conclusions cannot always be based on the results of one meal. A uniform meal should be employed. One should recover all that can easily be obtained in order to form a relative idea of the amount of secretion and to avoid getting a small amount from the cardia which may differ from the rest of the contents. Microscopical and macroscopical, as well as chemical, examination should be made. The author gives a summary of the findings and their importance in the various stomach affections and, in conclusion, makes a plea for more frequent test meals in the diagnosis of stomach affections; believing that by giving due consideration to and properly correlating all the findings we are arriving at greater exactness, eliminating much of haphazard diagnosis and therapy, and are putting the subject on a much more rational basis.

INFLUENCE OF A DIET WITHOUT SALT IN A CASE OF HABITUAL DEATH OF THE FOETUS.

Prouvost gives the history of a case in which the first two pregnancies resulted in normal, living children, but in whom there followed a succession of dead children. The mother desired living children, and was very much depressed by her inability to have living ones. The dead children were swollen and edematous. The author thought that he would try removal of salt from the diet of the mother, who was very fond of salt, on the theory that too much salt was retained in the blood of the foetus. He made the patient eat meals that were specially prepared without salt, eating only dinner with the family. This was continued for some two years, when the patient brought

forth a living, healthy baby. Two years later the woman became pregnant again, and the diet was repeated with a similar result. If results can speak for the cause of such a condition, it seems evident that the mother was taking too much salt, and that, for some reason, it was retained by the foetus in excess, producing an intoxication.—*Bulletin de la Société d'Obstretrique de Paris.*

MINOR THERAPEUTIC ITEMS.

Mercury in Tuberculosis.

(Therapeutic Medicine, July, 1910.)

Dr. Barton Lisle Wright, of the United States Navy, reports continued success in the treatment of tuberculosis by deep muscular injections of mercuric succinimide or of the bi-chloride. In the *New York Medical Journal* for March 19, 1910, he describes the method. In 1908 he effected the cure of eighty-three patients and improved 89 per cent. of the whole number treated. Of twenty-four cases of secondary ulcerative tuberculosis of the larynx, twenty patients have been cured. Arsenic enhances the effects of the mercury.

Nitroglycerin.

Loomis finds that nitroglycerin has no effect in lowering pathologic blood pressure. Nichols (*Practitioner*) suggests small doses of thyroid extract in the gradually rising blood pressure of old age.

Osler thinks that we use nitroglycerin in too small doses and recommends ten minims of the 1 per cent. solution under some circumstances. We are not inclined to endorse such dosage, for however little effect it may have on pathologic blood pressure, nitroglycerin is likely to provoke decidedly unpleasant by-effects which are too well known to require mention.

Vaccine and Glycerin.

Vaccine, if kept in contact with glycerin for more than two weeks loses some of its activity. Moreover, if too diluted with glycerin, its efficiency is also reduced. These facts explain many of the failures to secure "takes." Only fresh glycerinated vaccine should be used. (Goldschmidt, of Strasburg.)

Poisonous Effects of Alcohol.

Crothers summarizes the poisonous effects of alcohol as follows: It dehydrates the tissues, paralyzes the sensory centers and diminishes vital power and capacity to resist disease and degeneration. The defences and conservative reserve powers of the body are weakened. Mortality is thus increased by it, liability to disease intensified and capacity for restoration recovery lessened. The capacity to judge and reason is weakened by its use. The highest and last developed faculties of the brain, namely, the sense of right and wrong—the ethical conceptions of duty and responsibility—are the first to become anethetized and paralyzed.—*J. A. M. A.*, February 19, 1910.

Boas condemns carminatives and antifermentatives in the treatment of flatulence as irrational and useless.

Cause of Belching of Gas.

Much of the "gas" eructated by gastric patients is the result of swallowing air and not the result of fermentation. It is known [?] now that actual fermentation in the gastrointestinal tract is rare and productive, when it does occur, of no such quantities of gas as these aerophagic patients expel. These facts should be borne in mind in treating such patients. They should be instructed to eat carefully, since some of the air is swallowed then, and to guard against unconscious swallowing of air between meals.

How to Aspirate in Pleura Painlessly.

Puncture of the pleura with a large needle for the purpose of diagnosis or aspiration may be made comparatively easy for the patient, if, first, a drop of pure phenol is allowed to whiten and anesthetize the skin at the site of the proposed puncture, after which 10 minims of a 2 per cent. cocain solution are thrown under the skin with a short, fine hypodermatic needle at the phenolized point and into the tissues which the large needle is to traverse. Wait then for two or three minutes before proceeding further.

In Diabetes.

In diabetes strontium bromide in thirty grain doses t. i. d., enjoys an excellent reputation. It will reduce the sugar and ameliorate the symptoms. Arsenic is, of course, largely used, as is codeine, too, in one-quarter grain doses t. i. d., increased by one-quarter each day until six grains are given daily. When combined with atropine, the sugar is more rapidly decreased and the acetons more certainly cleared up.

Don't give stimulating expectorants in the first stage of bronchitis, as is so commonly done. Give a few drops of wine of ipecac or wine of antimony every three hours. Apomorphine is useful, too, in the first stage. It will not cause vomiting when given by the mouth in doses of say gr. 1/50. When expectoration sets in drop the sedatives and resort to the stimulating expectorants.

Ether in Cocaine Poisoning.

Engstad, of Grand Fords, N. D., reports (*J. A. M. A.*, March 19, 1910,) gratifying results from the use of ether in the treatment of cocaine poisoning. He gives it by the drop method and has saved seemingly hopeless cases. Mild surgical narcosis is usually necessary, though a less degree may suffice. It stimulates the heart and the respiratory system almost instantly. The pulse becomes fuller at once and of normal tension. Engstad finds the method far prompter than the administration of strychnine and morphine.

Massage in Coccygodynia.

Leonard W. Ely, of New York, has obtained uniformly successful results in the treatment of coccygodynia through massage of the coccyx, with the forefinger in the vagina and the thumb over the coccyx. The bone is moved backward and forward and the soft parts are moved about on the bone. The manipulation is begun very lightly and gradually increased in force as the patient becomes less sensitive. Two or three treatments usually suffice, the improvement being almost instantaneous. Intervals between treatment should be two or three days.—*J. A. M. A.*, March 19, 1910.

BOOK REVIEWS.

Practical Medicine Series, 1910, Vols. *I., II., III., IV.*—(Practical Medicine Series, 1910.—Price $10.00 for the Series. Individual volumes differ in price. Vol. I., $1.50; Vol. II., $2.00; Vol. III., $1.50; Vol. IV., $1.25.)

One of the most compact digests of medical literature obtainable, this series is also one of the most complete. It is a solid extract of the world's best medical journals and contains the most important active principles with the least amount of residue. The arrangement, with each subject under a separate division in a volume to itself makes it most convenient to the reader as a work of reference. For instance, Vol. I. treats of general medicine, with Billings and Salisbury as editors; Vol. II. of general surgery, with Murphy as editor; Vol. III., of eye, ear, nose and throat, with Wood, Andrews

and Head, editors, and Vol. IV. of gynaecology, Dudley and Bachelle, editors.

The whole series is under the general editorial charge of Head and Mix. The series consists of ten volumes, appearing one a month, and each volume covering the advances in that particular division for the year preceding the publishing of the volume.

The series is published by the Yearbook Publishers, Chicago, Ill., and as the publishers claim, is gotten out primarily for the general practitioner but arranged under different volume heads for the purpose of convenience. It is an admirable arrangement and the series is worth having on one's book shelves.

HOOKWORM DISEASE—Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment—By Geo. Dock, M. D., and Chas. C. Bass, M. D. C. V. Mosby Company, St. Louis, printers.

In the 250 pages of this volume Dock and Bass go over the ground of hookworm diseases pretty thoroughly, tracing its history from the Ebers Papyrus to the present day, and covering pretty generally the divisions of etiology, pathology, symptomatology, diagnosis, prognosis, prophylaxis and treatment. The book, which is profusely illustrated, does not add much to the existing known facts about the disease, but does put into readable and concise form the sum of to-day's knowledge of the subject. It summarizes the known facts and saves much time and energy to any one attempting to wade through the voluminous literature on the subject. To the country practitioner in the South, the volume should be of special interest. It is well printed, quite readable and fairly concise, though not a compend by any means. Many of the points are well elaborated. It will meet nicely the demands of a large number of men too busy to read large numbers of journals and yet anxious to inform themselves on this subject.

THERAPEUTIC ACTION OF LIGHT—By Corydon E. Rogers, 382 Second Avenue, New York. Published by the author. Price, $3.50.

In this volume the author makes some claims for light theraphy—the light being generated with a special lamp of the author's designing—which are startling, to say the least. With his lamp generating his "RHO" rays he claims wonderful penetrative and selective powers for the light, the rays penetrating the deepest and densest tissues and working marvels in cures. While not doubting the Doctor's sincerity, we feel that he is too sanguine, and cannot hope that any one agent, such as light from any lamp of special design, can prove a panacea. When one finds it claimed that "RHO" rays will cure or benefit such a variety of diseases as eczema, acne, tuberculosis, both cutaneous and of the deeper structures, pleurisy, bronchitis, bronchietasis, rheumatism, syphilis, gonorrhoea, conjunctivitis, optic atrophy, endometritis, salpingitis, chronic meningitis, chronic appendicitis, goitre, diabetes mellitus, pernicious anemia, chronic constipation, etc., etc., it is time to become skeptical and to consider that the author was somewhat over enthusiastic. Probably the "RHO" rays are good in certain conditions, but it is well to remember the extravagant claims made for the Roentgen rays at one time and to consider the probability that the "RHO" rays are much over rated by their enthusiastic sponsor. So far the case in favor of the "RHO" rays is "non-proven," (at least in this book,) according to the judgment of the reviewer.

NEPHROCOLOPTOSIS—A Description of the Nephrocolic Ligament and its Action in the Causation of Nephroptosis, with the Technic of the Operation of *Nephrocolopexy*, in which the Nephro-

colic Ligament is Utilized to Immobolize both Kidney and Bowel—By H. W. Longyear, M. D. Published by C. V. Mosby Company, St. Louis, 1910.

This little volume is a treatise on certain anatomical facts observed by Dr. Longyear and used by him in correcting that most difficult condition known as *Nephrotosis.* Dr. Longyear in his surgical work discovered that though there may be a coloptosis without a nephroptosis, there never was a nephroptosis without a coloptosis. This led to certain anatomical studies and to the discovery of an intimate connection between the capsule of the kidney and the colon. This connection has been noticed frequently by other men, but has always been reckoned heretofore as a pathological condition instead of a physiological one.

Dr. Longyear takes a position (and his point seems well sustained), that the displacement of the kidney is probably secondary to the displacement of the intestine and that the constant recurrence of nephroptosis after operation is due to the tug on the capsule of the kidney by the prolapsed large intestine. Consequently, in order to correct a displaced kidney it is necessary at the same time to correct displacement of the large intestine. In order to do this he utilizes the tissue connecting the capsule of the kidney and the colon as an anchor for both organs at once. We do not like to say that he is killing two birds with one stone, as that might be misleading, but he is correcting two faults at one operation. The idea is well worth close observation and a more general application. Operations for the relief of floating kidney have up to this time been one of the most unsuccessful of the many operations done, for the simple reason that so large a per cent. of the cases return for operation with their symptoms unabated. After reading Dr. Longyear's book it is easy to understand why this should be so, and the reason is made especially plain by the numerous anatomical plates which he presents. After giving an outline of his observations, he describes his operation and also goes somewhat into the method of diagnosing floating kidney.

The book is an addition to any surgeon's library, as it is well printed, well bound, and at the same time full of interesting points and presents a new idea in surgery. The author makes no extravagant claims but modestly presents his views and his reasons for holding these views.

A Textbook of Pharmacology and Therapeutics; or the Action of Drugs in Health and Disease—By Arthur R. Cushny, M. A., M. D., F. R. S., Professor of Pharmacology in the University of London; Examiner in the Universities of London, Manchester, Oxford and Leeds; formerly Professor of Materia Medica and Therapeutics in the University of Michigan. Octavo, 744 pages, with 61 engravings. Cloth, $3.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

The fifth edition of Cushny's textbook on Pharmacology and Therapeutics keeps up to the high standard set by the former editions. The reason for another edition is given in the preface—that the advances made in pharmacology in the last few years have necessitated changes in a number of chapters, and so the opportunity has been taken to revise the whole thoroughly. There has been a marked change in many of the ideas concerning the application of drugs within the past few years. Cushny's textbook had kept pace with these changes and his latest volume is up to date in every respect. The book is in some ways more fitted for the use of the student than for the busy practitioner of medicine and is even more suited to the pharmacist than either to the student or practitioner. The arrangement of the

various subjects would probably be convenient after one becomes familiar with the book, but for the sake of practical therapeutics it is a little inconvenient. However, this does not detract from the value of the publication as a work of reference nor from its completeness. We would sum up by saying that the work is valuable, is concise, complete and up to date.

SURGICAL SUGGESTIONS.

The too prolonged use of a drainage tube in an empyema wound may be the cause of a persistent sinus.—American Journal of Surgery.

When acne of the back does not respond to treatment, try a few applications of long strokes with the Paquelin cautery. The results are often excellent.—American Journal of Surgery.

In the presence of a swollen, ulcerated tonsil or of swellings in the pharynx of some duration, look for evidences of leukemia.—American Journal of Surgery.

Bilateral, large, smooth swellings of the tonsils should arouse the suspicion of Hodgkin's disease.—American Journal of Surgery.

A deep swelling in the gluteal region developing after a fall is apt to be a hydropic bursa—there are several bursae among the glutei.—American Journal of Surgery.

BOSTON, MASS., August 18, 1910.

Editor *Journal of South Carolina Medical Association:*

DEAR DOCTOR: The second annual meeting of the American Association of Clinical Research will be held in Boston on September 28 and 29, 1910.

Some very valuable contributions on researches in medicine and surgery, in prophylactic and anaphylactic medicine, in mental medicine, in radiotherapeutics, in metabolism, etc., are promised. There will also be a public meeting.

Please publish this information in the earliest issue of your journal.

The cause of the Association, to secure the true facts and principles of medicine and to advance medicine on the basis of truth and not of whim, is the cause of every true physician. Every physician is most cordially invited to become a member. Your support and that of your friends will be highly appreciated. Applications and programme will be forwarded on request.

Fraternally yours,

JAMES KRAUSS,
Secretary.

FROM THE LAY PRESS.

KILLS HIMSELF WITH HAMMER.

OLD NEGRO ACCIDENTALLY STRIKES HIMSELF ON LEG.

(From The State.)

Special to The State.

St. Matthews, August 15.—Ben Butler, a negro railroad section hand, lost his life in a most peculiar manner to-day. While working with his hammer he missed his mark, the entire force of the blow falling on his leg in the vicinity of the knee. Butler suffered great pain and lost considerable blood. In about an hour he died. The blow is supposed to have so completely shocked the entire system that it caused a paralysis of the heart.

Butler had been in the constant service of the railroad for about twenty-seven years and was considered one of its most faithful employees. He was a negro and was of advanced age.

DR. WM. FRANCIS LEONARD.

Special to The State.

Simpsonville, August 15.—Dr. William Francis Leonard died August 9 at his home in Reidville, after an illness of several weeks. He was in his 50th year, and leaves a widow and four children. The funeral was conducted on the afternoon of the 10th by the Rev. B. P. Reid, and the body was buried with Masonic honors, in the presence of hundreds of friends in the old Antioch Churchyard.

DEATH OF DR. A. W. CALHOUN.

Noted Atlanta Specialist Succumbs to Long Illness.

(Charleston News and Courier, Aug. 22.)

Atlanta, August 21.—Dr. Albert Welborn Calhoun, well known throughout the South as a physician and occulist, died at his home here this afternoon, after an illness of several months. After serving throughout the War Between the States in the ranks of the Confederacy, Dr. Calhoun studied medicine in this country, and then spent three years in Vienna and Berlin, studying diseases of the eye, ear, nose and throat.

For forty years he practiced his profession in Atlanta and his patronage was drawn from every Southern State. Dr. Calhoun was born at Newman, Ga, April 16, 1845.

He leaves a widow and four children, Dr. Phinizy Calhoun, Mrs. James Oglesby, Jr., and Andrew Calhoun and Miss Harriet Calhoun, all of Atlanta.

A sister and brother also survive him, Mrs. John Hill and Judge Andrew E. Calhoun, of Atlanta.

By his practice Dr. Calhoun amassed a fortune of more than $100,000, and was most liberal in his donations to charity. Notwithstanding his large practice, probably a third of Dr. Calhoun's patients were treated without remuneration. "Never in all my practice," he once remarked to a close friend, "have I failed to give attention to a patient because he did not have the dollar."

The funeral will be held to-morrow afternoon at 4 o'clock. Six brothers of Mrs. Calhoun will be the pallbearers.

COLUMBIA PLEASURE RESORT OPENED.

Columbia, August 21.—Special: Lake Ridgewood, one of the few artificial lakes in South Carolina, with pleasure resort, including boating and other sports, has been opened.

FLORENCE NIGHTINGALE DEAD.

Famous Crimean War Nurse Dies in Ninety-First Year.

Charleston News and Courier, Aug. 15.)

London, August 14.—Florence Nightingale, the famous nurse of the Crimean war and the only woman who ever received the order of merit, died yesterday afternoon, at her London home. Although she had been an invalid for a long time, rarely leaving her room, where she passed the time in a half recumbent position and was under the constant care of a physician, her death was somewhat unexpected.

A week ago she was quite sick, but then improved, and on Friday was cheerful. During that night alarming symptoms developed and she gradually sank until 2 o'clock Saturday afternoon, when an attack of heart failure brought the end.

Her funeral will be as quiet as possible, in accordance with her wishes. During recent years, owing to her feebleness and advanced age, Miss Nightingale had received but few visitors. On May 12 last she celebrated her 90th birthday and was the recipient of a congratulatory message from King George.

Florence Nightingale was born on May 12, 1820. She was the first woman to follow a modern army into battle as a

nurse, and in the Crimean war gained the title of "Angel of the Crimea." She studied nursing under the Protestant sisters of Mercy, at Kaiser-Werth, Germany, and returned to England when the Crimean war broke out. She organized a corps of volunteer nurses, whom she led into the field, and was especially celebrated for her noble services at Scutari.

At the close of the war she was enabled by a testimonial fund amounting to $250,000 to found an institution for the training of nurses, the Nightingale Home at St. Thomas Hospital. She was also the means of calling attention to the unsanitary conditions of camp ships. In 1908 she received the freedom of the city of London.

King Edward bestowed upon her the Order of Merit, the most exclusive distinction in the gift of the British Sovereign. The membership of the Order is limited to 24, and it includes such men as Lord Roberts, Lord Wolesley, Field Marshal Kitchener, James Bryce, Prince Yamagata and Admiral Togo.

There is a strong feeling among the general public, and particularly among the military men, in favor of a public memorial for Florence Nightingale. There is little doubt, however, that her expressed wishes in this connection will be taken into consideration.

Not even the death of a royal personage could have called forth more universal expressions of regret and tributes of affection than appear in the English papers.

AUSTRIA STRIVING TO CHECK PELLAGRA.

Authorities Adopting Heroic Methods to Stamp Out Disease in That Country.

(From The State.)

Washington, August 19.—Heroic methods have been taken in Austria to stamp out pellagra, which there has assumed proportions similar to that in the Southern States of this country. Henry Studnichka, of Vienna, commercial agent, has sent a statement to the Department of Commerce and Labor as follows:

"In order to stop the popular use of infected cornmeal, which is held responsible for the disease, the Austrian Government has constructed in Southern Tyrol six modern steam rye bakeries, which are under the direct supervision of the Governor of the province. The city governments of this section also supervise and inspect all private bakeries."

THIRD DISTRICT MEDICOS.

Programme Announced for Meeting at Clinton September.

(From The Charleston News and Courier, September 2, 1910.)

The News and Courier has received the programme of the Third District Medical Association, which will be held at Clinton on September 8. The District comprises the counties of Abbeville, Greenwood, Laurens, Newberry and Saluda. Following are the officers of the Association:

G. A. Neuffer, M. D., president, Abbeville; Rolfe E. Hughes, M. D., vice-president, Laurens; G. P. Neel, M. D., secretary, Greenwood.

The programme follows. Meeting called to order at 8.30 P. M.:

Part I.

Calling roll and enrolling members.

Reading minutes.

Report of committee on constitution and by-laws.

Clinical cases presented.

Part II.

"Brain Surgery," W. C. Black, M. D., Greenville, S. C.

"The Uses of Apomorphia," R. B. Epting, M. D., Greenwood, S. C.

"A Trip to the Mayos," G. P. Neel, M. D., Greenwood, S. C.

"Arteriosclerosis and Its Treatment," James M. Kibler, M. D., Newberry, S. C.

Papers will also be read by E. A. Hines, M. D., Seneca, S. C.; E. W. Carpenter, M. D., Greenville, S. C.; Curram B. Earle, M. D., Greenville, S. C.; W. P. Turner, M. D., Greenwood, S. C.

Papers and discussions open to all.

GENERAL NEWS.

POLISHED RICE AND BERIBERI.

(Journal of the A. M. A., Aug. 20.)

In the Philippines in all specifications for commissary stores where rice is required for either the army or navy, unpolished rice is specified. Polished rice is no longer used as a diet in either the army, the navy or in the public institutions of the islands. The supposed relation of polished rice, as a diet, to the development of beriberi is the direct cause of this ban. In so far as statistics are available and reliable, it would seem that since the introduction of improved rice-milling machinery into the Philippines the amount of beriberi among the natives has increased. Of course, due allowance must be made in these considerations for a great number of cases reported as beriberi, which are, to say the least, of a doubtful diagnosis. Since beriberi has been so much in the limelight of recent years in the Orient, it would hardly be an exaggeration to say that there has been a tendency to include various nervous disturbances under the heading of beriberi which in reality should have been classed as something else. In spite of this, a number of competent medical men, both in the Philippines and in other parts of the Orient, have observed an increase in the number of cases of this disease since polished rice has supplanted the hand-milled rice as the staple article of diet. In many sections the natives have early shown a preference for polished rice. It is rather noteworthy also that beriberi is decidedly more frequent among that class of natives whose staple and principal article of food is polished rice, and that in those remote regions where the Filipino still uses the unpolished rice, although rice is the principal article of diet, beriberi is relatively rare. These observations go hand in hand with the observations of Dr. de Haan that, in Netherlands India, it has been found beriberi could be kept very much in abeyance by adding to the white rice diet a form of green pea, which is called "*katchung idj-ju*" and is said to be rich in phosphorus, as well as with the results of the experiments of Dr. Frazier and Dr. Stanton at the laboratory for medical research at Kuala Lumpur, Federated Malay States, who find "that fowls fed on highly polished rice suffer, within from four to six weeks, from a condition of inflammation of the nerves, which closely resembles and may be identical with the condition of the nerves found in beriberi in human beings." All these things taken together suggest some indication of the eitology of the disease. It seems evident that beriberi is primarily a disease of nutrition and metabolism, and in local medical circles by many it is considered doubtful that beriberi is caused by an organism. Perhaps the most widely accepted view is that advocated by Dr. Frazier, who points out that in a steady diet of polished rice, as is often the case here in the Orient, the individual fails to obtain sufficient nourishment for the peripheral nerves. He showed that the unpolished rice grain contains beneath the skin or pericarp a layer of cells rich in fat and phospohrus and that the central portion of the rice grain consists entirely of pure starch. In polished rice the outer fat-containing layer has been polished away. Rice prepared in the ordinary native fashion by hand-milling contains a large

amount of these oil-bearing layers. It is, moreover, the experience of the Bureau of Health of the Philippine Islands that a little meat or even the rice polishings mixed with a diet of white rice will lead to an improvement of beriberi patients in the early stage.

CHOLERA MAY PREVENT MEDICAL MEETING.

The meeting of the International Gynecologic Congress, which was to be held in St. Petersburg in September, may not convene in that city on account of the epidemic of cholera prevailing there. Dr. Charles A. L. Reed, Cincinnati, president of the American committee and Government delegate to the meeting, has cabled the Russian committee that if the meeting cannot be held there the American profession will welcome the organization to this country. The meeting of 1908, which was to be held in St. Petersburg, was deferred for the same reason.

SOUTH CAROLINA.

PERSONAL—Dr. Charles Speissegger, Jr., Charleston, has received his commission as army surgeon with the rank of first lieutenant.

PASTEUR INSTITUTE—The Board of Health of Charleston, has opened a Pasteur Institute for the treatment of rabies. It will be in charge of Drs. John M. Green and George M. Mood.

COLUMBIA HOSPITAL ENLARGED.

(The Charleston News and Courier, Aug. 24.)

Columbia, August 23.—Special: In line with other improvements in this city, announcement is made that new buildings, to cost $45,000, will be added to the Columbia Hospital.

SAYS AUTOMOBILE CAUSES MANY ILLS.

RUSH OF AIR, WHEN SPEEDING, INJURIOUS TO NOSE AND THROAT, SPECIALIST ASSERTS.

"AUTOMOBILE FACE" A RESULT.

CHEST, NOSE AND FEET SHOULD BE PROTECTED—VAPOR AND DUST IMPERILS NON-RIDERS, DR. DELAVAN DECLARES.

(New York Times, August 25, 1910.)

As his contribution to the proceedings of the annual meeting of the American Larynological Association recently held in Washington, D. C., Dr. D. Bryson Delavan, the throat specialist of this city, read a paper on "The Influence of the Use of the Automobile Upon the Upper Air Passages." He chose this subject for the reason, as he explained, "if the experience of other occupations which are known to be injurious to the air passages is any criterion, it is time that we had undertaken to consider the influence of the automobile."

Dr. Delavan's paper appears in the current issue of *The Medical Record*. Here are some extracts from it:

"The automobile may affect both him who uses it and him who does not. The exposure to one who rides in an open vehicle may bring about effects which would not endanger the one riding in a Limousine. The chauffeur may also be exposed to dangers peculiar to his position.

"As to the man who walks, it is his part to inhale the fumes which poison the atmosphere of our best avenues and to either be driven from his home by the noise of the autos or choked by the dust which is raised by them and blown in his direction.

"The factors which may work injury may be divided into two groups: First, conditions relating to the air itself, and, second, impurities carried by or sus-

pended in the air. The first includes temperature, air currents and air pressure; the second, dust and smoke.

"Sudden and violent changes of temperature are often encountered by the motorist. Exposure to strong draughts is also a common experience, the draughts being due to natural air currents or to the rapid motion of the car. Where the car is speeding in the face of a breeze the resulting increase of air pressure must be considerable.

Lungs Are Affected.

"Sudden change of temperature or rapid radiation of body heat due to exposure to air currents may cause chill, and, indirectly, the latter's well-known results upon the breathing apparatus. Increased atmospheric pressure, especially when combined with cold, must of necessity exert important influences upon the respiratory region, from the nasal cavities and their communicating passages to the ultimate vesicles of the lungs. Examples of this are common * * * A rate of thirty miles an hour constitutes a stiff breeze, while sixty miles represents a gale. These facts we know, and yet easily forget in the exhiliration of the ride.

"Studies made with regard to the actual resistance of the air in speeding give interesting results. It is stated that at speeds below twenty miles an hour the effect of wind resistance is too slight to be measurable. Considering surfaces at right angles to the normal plane of travel of the automobile, resistance begins to show at about fifteen miles an hour. It increases slowly, reaching about two and a half pounds a square foot at thirty miles an hour. Higher speed results in rapidly increasing the rate of resistance, until at sixty miles an hour the pressure is about thirteen pounds. At ninety miles it has increased to about twenty-nine pounds.

"If these observations are correct, air pressure in connection with the use of the automobile is not a negligible factor, especially when related to its influence upon the air passages. Of course, it must be remembered that the rate of pressure may be greatly increased by adding the force of a head wind to the speed of the machine. Thus, a speed of thirty miles against a twenty-mile breeze would create a fifty-mile pressure.

Even Healthy Lungs Suffer.

"While there may be some conditions of the lungs in which exposure to a moderate increase of air pressure for a limited amount of time would be beneficial, there must be many cases in which a great increase of pressure, a pressure long continued, would result in injury, even to a healthy lung. In certain pathological conditions * * * the risk is obvious.

"The second injurious factor is the impurities which may be inhaled with the inspired air. These consist of dust, of smoke and of other matters, among which may be mentioned plant products and small insects. The deleterious effects of dust upon the air passages are obvious. Those engaged in dusty occupations, such as emery grinding, certain kinds of stone-cutting, the handling of furs and the manufacture of certain powders and fabrics, almost invariably suffer. Smoke also irritates them, and the smoke of the auto is especially irritating.

"With regard to the equipment of the motorist every conceivable appliance and convenience is provided for him. This is especially true of protections for the eye, which are supplied in great variety. In considering this, however, it at once appeals to one as strange that protection of the breathing apparatus against dust and severe winds seems to be neglected.

"I have searched many shops, but have never yet found a satisfactory respirator, nor do I know anything in recent scientific literature bearing upon the subject. Almost the single exception to this

statement is the face guard used in racing for protection against the wind.

"The introduction of the wind shield has resulted in modifying the effect of wind currents with considerable success. Roe states that since it has been more generally used diseases of the nasal sinuses among autoists have been distinctly less common.

"Shurly calls attention to the fact that habitual speeding develops the so-called 'automobile face,' a characteristic of which is the open mouth. Such persons, he believes, are particularly liable to infections.

Gasoline Fumes Are Unhealthful.

"While some may doubt the harmfulness of the emanations from the exhaust of the automobile, it is hardly possible to suppose that they can be entirely without effect. Even to healthy membranes their presence in the air is consciously annoying. Where the mucous linings of the air passages are already, for any reason, in a sensitive condition, there is no question * * * that the automobile fumes have caused painful annoyance at the time and in some cases long continued and severe after irritation. This is often observed in cases of ear trouble, due to Eustachian catarrh, while patients suffering from asthma, bronchitis, tuberculosis and the like are undoubtedly affected by it.

"Without question mucous membranes already irritated are more especially liable to infections of a general nature; even supposing the smoke and gases from the auto to be sterile, their ultimate contributory effects may easily become important, particularly when combined with the notoriously microbe-laden dust of city streets.

"Theoretically considered, the use of the automobile should be productive of a decided increase in the average of respiratory ills. Whether or not it has actually so resulted is a question. Taking up the causes of injury, we will first refer to chill. This may be acquired through unsuitable or insufficient clothing, or through clothing improperly applied. Not only should the body be protected, but the limbs should be carefully covered, especially in open motors. A coat otherwise warm may be cut too low in the collar.

Dangerous to Expose Throat.

"The idea that undue exposure of the neck and throat tends to strengthen the parts is a popular fallacy. No such custom prevails with the Eskimos and others of exposed life dwelling in cold latitudes. No part of the body would seem to demand more careful protection than that adjacent to the top of the sternum, where center the most important blood vessels of the body, many of them within short distances of the outer world.

"A coat which does not properly protect the throat is like a roofless house. Any one who has skated or has sailed an iceboat in very cold weather, or who has had experience in mountain climbing, will readily understand this.

"In motoring, neither extreme cold nor great altitudes is necessary to bring about conditions which rapidly lower the body temperature.

"As with the neck, so with the feet. Low shoes, unprotected ankles and want of rugs may quickly work disaster. Some of the head coverings used are admirable. Others are exceedingly bad, comfort and safety being sacrificed to appearance, with no attempt to protect and shield the face and neck.

"The subject of proper underclothing must also be considered. The wearing of an abdominal band is considered by many experts a great protection against chill.

"It is easy to become chilled in an automobile when one enters it after leaving a warm room, even when well protected with clothing. Still worse to ride in an open machine in the country, fresh from an overheated train and with thin clothes. This latter situation sometimes confronts the city consultant when he is called out of town.

CHAUFFER IN MOST DANGER.

"Apparently the worst case is that of the chauffeur who, in the effort to replace a tire or repair some injury, works himself into profuse perspiration and then upon the driver's seat makes up lost time against a cold breeze. Such exposure should be prolific of throat and lung trouble. As a matter of fact, it does not seem to be. This may be accounted for by the youthful vigor and personal power of resistance of those who engage in the work of motor driving, as well as by the health-giving effects of a life of abstinence and of activity in the open air.

"In a paper recently presented in Philadelphia on the effect of the automobile upon the heart, Dr. Tyson maintains that many cases of cardiac disease are markedly benefited, the fresh air, moderate exercise, gentle stimulation of the circulation and mental diversion having an excellent influence.

"So in properly selected cases of respiratory trouble the patients thrive under it, owing to improved oxygenation and nutrition.

"To sum up the matter, it would appear that under certain conditions and in certain cases the motorist may expose himself to positive risks. These risks may sometimes be modified or even removed by the use of proper precaution in the selection of a machine and by the exercise of wisdom in using it. Properly used in suitable cases, the automobile may be a valuable therapeutic agent.

KNOWLEDGE IS NEEDED.

"These things being true, it is time that knowledge upon the subject had been obtained sufficient to enable us to warn the public of the possibilities of danger and to instruct it as to the best means of protection.

"In addition to those precautions of a personal nature which each one using the automobile should observe, the safety and comfort of all would be greatly enhanced:

"1. By good country roads, kept in good order.

"2. By well-paved city streets, kept free from dirt and from the fine dust which is now allowed to remain after the coarser matters have been removed.

"3. By the enforcement of the laws against automobile smoke in our cities as the same laws are enforced in the principal cities of Europe.

"Thus would much just criticism of the motor be silenced, and many friends be gained to a worthy cause.

"All things considered, the final verdict seems decidedly in its favor. The authority of life insurance thus far has not been able to discriminate against it, high medical authority commends it in kindred directions and common sense, together with experience, seem to sustain it."

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

Again are we nearing the season when the problem of diphtheria and its treatment must be met and solved. The writer of this paragraph is forcibly reminded of the fact by the receipt of a modest but important brochure of sixteen pages bearing the title "Antidiphtheric Serum and Antidiphtheric Globulins." A second thought is that here is a little work that every general practitioner ought to send for and read. Not that the booklet is in any sense an argument for serum therapy. It is nothing of the kind. Indeed, the efficacy of the anti-toxin treatment of diphtheria is no longer a debatable question, that method of procedure having long since attained the position of an established therapeutic measure. The pamphlet is noteworthy, because of the timeliness of its appearance, the mass of useful information which it presents in comparatively limited compass and the

interest and freshness with which its author has been able to invest a subject that has been much written about in the past dozen or fifteen years. Its tendency, one may as well admit, is to foster a preference for a particular brand of serum, but that fact lessens not one whit its value and authoritativeness.

Here is a specimen paragraph, reprinted in this space not so much to show the scope and character of the offering as to emphasize its helpful tone and to point out the fact that its author was not actuated wholly by motives of commercialism:

"Medical practitioners have learned that, inasmuch as the main problem presented in the treatment of a case of diphtheria is the neutralization of a specific toxin, the true antitoxin cannot too soon be administered; moreover, that, antitoxin being a product of definite strength, a little too little of it may fail when a little more would have succeeded—hence larger or more frequently repeated doses are becoming more and more the rule. One more point: If the medical attendant is prompt, as he must be, and fearless, as he has a right to be, the full justification of his course will hinge upon the choice of the best and most reliable antidiphtheric serum to be had; for while there is little or no danger of harm ensuing from the use of any brand issued by a reputable house, the best results—which may mean recovery as the alternative of death—can only be hoped for from the use of the best serum."

The brochure is from the press of Parke, Davis & Co., who will doubtless be pleased to send a copy to any physician upon receipt of a request addressed to them at their main offices, Detroit, Mich.

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Sodium Sulphate	0.605
Sodium Chloride	1.121
Sodium Bicarbonate	1.855
Potassium Sulphate	0.315
Lithium Bicarbonate	1.845
Iron Bicarbonate	0.220
Silica	2.115

The water is clear and colorless, without odor, and faintly acid in reaction. Specific Gravity (60f) 1.00138.

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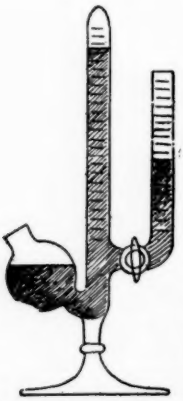

WATCH THE UREA INDEX

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KERSHAW COUNTY MEDICAL SOCIETY.

President, S. C. Zemp; Vice-President, W. R. Clyburn; Secretary and Treasurer, W. J. Burdell.
Delegate—W. J. Burdell.

1. S. F. Brasington, Camden, S. C.
2. W. J. Burdell, Lugoff, S. C.
3. A. W. Burnett, Camden, S. C.
4. J. W. Corbett, Camden, S. C.
5. W. R. Clyburn, Camden, S. C.
6. W. J. Dunn, Camden, S. C.
7. J. T. Hay, Boykin, S. C.
8. W. D. Griggsby, Blaney, S. C.
9. Sidney C. Zemp, Camden, S. C.

LAURENS COUNTY MEDICAL SOCIETY.

President, W. D. Ferguson; Vice-President, T. L. W. Bailey; Secretary, Jesse H. Teague; Treasurer, A. J. Christopher.
Delegates—W. D. Ferguson, T. L. W. Bailey.

1. J. D. Austin, Clinton, S. C.
2. S. F. Blakely, Ora, S. C.
3. H. K. Aiken, Laurens, S. C.
4. T. L. W. Bailey, Clinton, S. C.
5. A. J. Briggs, Clinton, S. C.
6. W. L. Bailey, Clinton, S. C.
7. J. W. Beason, Gray Court, S. C.
8. A. J. Christopher, Laurens, S. C.
9. J. W. Davis, Clinton, S. C.
10. W. H. Dial, Laurens, S. C.
11. J. L. Donnan, Laurens, S. C.
12. W. D. Ferguson, Laurens, S. C.
13. J. L. Fennell, Waterloo, S. C.
14. A. R. Fuller, Mountville, S. C.
15. R. E. Hughes, Laurens, S. C.
16. J. H. Miller, Cross Hill, S. C.
17. J. M. Owens, Cross Hill, S. C.
18. E. W. Pinson, Cross Hill, S. C.
19. T. J. Peake, Cross Hill, S. C.
20. C. L. Poole, Laurens, S. C.
21. C. E. Rogers, Gray Court, S. C.
22. C. A. Saxon; Clinton, S. C.
23. Jesse H. Teague, Laurens, S. C.
24. E. F. Taylor, Renno, S. C.
25. J. M. Wallace,
26. I. Schayer, Laurens, S. C.
27. J. I. Wilbur, Waterloo, S. C.

MEMBERS—Continued.

28. W. H. Young, Clinton, S. C.
29. J Lee Young, Clinton, S. C.
30. J. W. Young, Clinton, S. C.
31. J. R. Culbertson, Gray Court, S. C.
32. C. D. East, Goldville, S. C.

LEE COUNTY MEDICAL SOCIETY.

President, A. C. Baskins; Vice-President, Dr. Yellott; Secretary, R. O. McCutchen.
Delegate—L. H. Jennings.
Alternate—C. W. Harris.

1. L. H. Jennings, Bishopville, S. C.
2. A. C. Baskins, Bishopville, S. C.
3. C. W. Harris, Bishopville, S. C.
4. B. L. Harris, St. Charles, S. C.
5. Dr. Yellott, Lynchburg, S. C.
6. R. O. McCutchen, Bishopville, S. C.
7. R. L. McLeod, Bishopville, S. C.
8. Bush McLauchlin, Bishopville, S. C.
9. B. DuPre, Bishopville, S. C.

LEXINGTON COUNTY MEDICAL SOCIETY.

President, F. R. Geiger; Vice-President, R. E. Mathias; Secretary and Treasurer, J. J. Wingard.
Delegate—J. J. Wingard.
Board of Censors—R. H. Timmerman, H. G. Eleazer, J. P. Drafts.

1. L. C. Brooker, Gansea, S. C.
2. D. M. Crosson, Leesville, S. C.
3. J. P. Drafts, Barr, S. C.
4. H. G. Eleazer, Peak, S. C., R. F. D.
5. J. W. Eargle, Chapin, S. C., R. F. D.
6. F. R. Geiger, New Brookland, S. C.
7. J. W. Geiger, New Brookland, S. C., R. F. D.
8. D. R. Kneece, Pelion, S. C.
9. W. L. Kneece, Baxter, S. C.
10. J. R. Langford, Swansea, S. C.
11. R. E. Mathias, Irmo, S. C.
12. G. F. Roberts, Lexington, S. C. (Honorary.)
13. Jos. L. Shulor, Selwood, S. C.
14. R. H. Timmerman, Batesburg, S. C.
15. W. P. Timmerman, Batesburg, S. C.
16. J. J. Wingard, Lexington, S. C.
17. A. T. Hutto, Pelion, S. C.

MARLBORO COUNTY MEDICAL SOCIETY.

President, J. A. Faison; Vice-President, J. P. Bell; Secretary and Treasurer, J. H. Reese.
Delegate—Chas. D. Napier.

1. J. A. Faison, Bennettsville, S. C.
2. J. P. Bell, McColl, S. C.
3. J. H. Reese, Tatum, S. C.
4. Chas. D. Napier, Blenheim, S. C.
5. J. L. Napier, Blenheim, S. C.
6. L. B. Salters, Blenheim, S. C.
7. W. J. Crosland, Bennettsville, S. C.
8. J. F. Kinney, Bennettsville, S. C.
9. Chas. R. May, Bennettsville, S. C.
10. A. S. Townsend, Bennettsville, S. C.
11. Douglas Hamer, McColl, S. C.
12. J. C. Moore, McColl, S. C.
13. J. A. Woodley, Tatum, S. C.
14. W. M. Reedy, Clio, S. C.
15. J. A. Hamer, Clio, S. C.
16. C. S. Evans, Clio, S. C.

MARION COUNTY MEDICAL SOCIETY.

1. A. McIntyre, Marion, S. C.
2. E. Dibble, Marion, S. C.
3. Z. Smith, Marion, S. C.
4. A. M. Brailsford, Marion, S. C.
5. Z. M. Bardin, Marion, S. C.
6. E. L. Brown, Latta, S. C.
7. F. M. Carpenter, Latta, S. C.
8. C. S. Howell, Marion, S. C.
9. Taylor Lewis, Mullins, S. C.
10. E. C. Major, Latta, S. C.
11. J. C. Rogers, Pages Mill, S. C.
12. M. Smith, Pages Mill, S. C.
13. W. B. Smith, Little Rock, S. C.
14. F. A. Smith, Mullins, S. C.
15. E. B. Utley, Marion, S. C.
16. H. A. Edwards, Latta, S. C.

NEWBERRY COUNTY MEDICAL SOCIETY.

Secretary—Frank D. Mower.
Delegate—W. G. Houseal.
Alternate—W. E. Pelham.

1. J. M. Kibler, Newberry, S. C.
2. W. A. Dunn, Newberry, S. C.
3. W. G. Houseal, Newberry, S. C.
4. O. B. Mayer, Newberry, S. C.
5. F. D. Mower, Newberry, S. C.
6. W. E. Pelham, Newberry, S. C.
7. W. D. Senn, Newberry, S. C.
8. J. A. Meldau, Newberry, S. C.
9. J. W. M. Folk, Newberry, S. C.
10. Jno. J. Dominick, Prosperity, S. C.
11. J. S. Wheeler, Prosperity, S. C.
12. G. T. Hunter, Prosperity, S. C.
13. J. W. Sease, Little Mt., S. C.
14. C. T. Wyche, Prosperity, S. C.
15. J. I. Bedenbaugh, Prosperity, S. C.
16. T. H. Pope, Kinards, S. C.
17. E. H. Moore, Silver St., S. C.

MEMBERS—Continued.

OCONEE COUNTY MEDICAL SOCIETY.

President, W. R. Doyle; Vice-President, J. J. Thode; Secretary and Treasurer, W. A. Strickland.
Delegate—E. C. Doyle.
Alternate—C. M. Walker.
Board of Censors—E. A. Hines, J. W. Wickliffe, H. E. Rosser.

1. C. M. Walker, Westminster, S. C.
2. W. A. Strickland, Westminster, S. C.
3. E. A. Hines, Seneca, S. C.
4. H. E. Rosser, Westminster, S. C.
5. J. R. Heller, Fair Play, S. C.
6. J. S. Stribling, Seneca, S. C.
7. W. R. Doyle, Seneca, S. C.
8. J. W. Wickliffe, West Union, S. C.
9. B. F. Sloan, Walhalla, S. C.
10. J. W. Bell, Walhalla, S. C.
11. E. C. Doyle, Seneca, S. C.
12. A. M. Redfern, Clemson College, S. C.
13. J. J. Thode, Walhalla, S. C.

ORANGEBURG — CALHOUN COUNTY MEDICAL SOCIETY.

President, W. L. Pou; Vice-President, M. J. D. Dantzler; Secretary, C. L. Green; Treasurer, W. R. Bowman.
Delegates—L. C. Shecut, A. W. Browning.
Board of Censors—M. G. Salley, A. R. Able, A. W. Browning.

1. W. L. Pou, St. Matthews, S. C.
2. M. J. D. Dantzler, Elloree, S. C. (Honorary.)
3. C. I. Green, Orangeburg, S. C.
4. W. R. Lowman, Orangeburg, S. C.
5. A. R. Able, St. Matthews, S. C.
6. T. H. Dreher, St. Matthews, S. C.
7. L. B. Bates, St. Matthews, S. C.
8. Sophia Brunson, Elloree, S. C.
9. C. J. Green, Elloree, S. C.
10. W. H. Lawton, Vances, S. C.
11. G. W. Neville, Rowesville, S. C.
12. D. R. Sturkie, North, S. C., R. F. D.
13. L. C. Schecut, Orangeburg, S. C.
14. M. G. Salley, Orangeburg, S. C. (H. F.)
15. Geo. H. Walter, Orangeburg, S. C.
16. J. G. Wannabaker, Orangeburg, S. C.

PICKENS COUNTY MEDICAL SOCIETY.

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Delegate—W. A. Tripp.

1. W. M. Sheldon, Liberty, S. C.
2. W. A. Woodruff, Cateechee, S. C.
3. L. G. Clayton, Central, S. C.
4. J. L. Shirley, Central, S. C.
5. Broxton R. Arrett, Central, S. C.
6. J. L. Bolt, Pickens, S. C.
7. J. L. Valley, Pickens, S. C.
8. L. F. Robinson, Pickens, S. C.
9. C. N. Wyatt, Easley, S. C.
10. E. F. Wyatt, Easley, S. C.
11. H. E. Russell, Easley, S. C.
12. R. J. Gilliland, Easley, S. C.
13. Milton L. Ponder, Dacusville, S. C.
14. J. E. Allgood, Liberty, S. C.
15. W. A. Tripp, Easley, S. C.
16. J. O. Rosamond, Easley, S. C., R. F. D.

SALUDA COUNTY MEDICAL SOCIETY.

President, J. J. Kirsey; Vice-President, S. M. Pitts; Secretary and Treasurer, J. D. Waters.

1. J. J. Kirsey, Saluda, S. C.
2. Oscar P. Wise, Saluda, S. C.
3. S. M. Pitts, Chappells, S. C.
4. D. B. Frontis, Ridge Springs, S. C.
5. F. G. Asbill, Ridge Springs, S. C.
6. L. J. Smith, Ridge Springs, S. C.
7. P. A. Brunson, Ridge Springs, S. C.
8. J. D. Waters, Coleman, S. C.

SPARTANBURG COUNTY MEDICAL SOCIETY.

President, A. R. Fike; Vice-President, W. A. Smith; Secretary, L. Rosa H. Gantt; Treasurer, W. H. Chapman.
Delegates—W. P. Coan, J. H. Allen, Geo. E Thompson.
Censors—J. L. Jeffries, A. D. Cudd, W. L. Kirkpatrick.

1. J. N. Allen, Spartanburg, S. C.
2. A. M. Allen, Spartanburg, S C., R. F. D. No. 4.
3. J. W. Allen, Enoree, S. C.
4. H. R. Black, Spartanburg, S. C.
5. L. J. Blake, Spartanburg, S. C.
6. S. F. Blakely, Spartanburg, S. C.
7. W. W. Boyd, Spartanburg, S. C.
8. J. R. Brown, Spartanburg, S. C.
9. G. A. Bunch, Spartanburg, S. C.
10. W. H. Chapman, Spartanburg, S. C., R. F. D. No. 1.
11. W. J. Chapman, Inman, S. C.
12. Wm. F. Coan, Spartanburg, S. C., R. F. D. No. 5.
13. A. D. Cudd, Spartanburg, S. C.
14. Geo. R. Dean, Spartanburg, S. C.
15. J. P. DuPre, Converse, S. C.
16. J. Ed. Edwards, Spartanburg, S. C.
17. L. Rosa H. Gantt, Spartanburg, S. C.
18. J. R. Gibson, Inman, S. C.

MEMBERS—Continued.

19. Geo. W. Heintish, Spartanburg, S. C.
20. James H. Hunter, Spartanburg, S. C.
21. W. L. Kelly, Moore, S. C., R. F. D.
22. W. L. Kirkpatrick, Pacolet, S. C.
23. S. T. D. Lancaster, Pauline, S. C.
24. W. B. Lancaster, Spartanburg, S. C.
25. W. F. Leonard, Reidville, S. C.
26. O. W. Leonard, Spartanburg, S. C.
27. J. J. Lindsay, Spartanburg, S. C.
28. W. B. Lyles, Spartanburg, S. C.
29. D. R. Norman, Fairforest, S. C.
30. J. D. Orr, Spartanburg, S. C.
31. W. W. Painter, Cherokee, S. C., R. F. D. No. 1.
32. W. B. Patton, Cross Anchor, S. C.
33. E. O. Posey, Woodruff, S. C.
34. E. L. Potts, Spartanburg, S. C.
35. W. G. Sexton, Spartanburg, S. C.
36. A. C. Smith, Glenn Springs, S. C.
37. D. L. Smith, Spartanburg, S. C.
38. W. A. Smith, Glendale, S. C.
39. James R. Sparkman, Spartanburg, S. C.
40. B. B. Steedly, Spartanburg, S. C.
41. J. L. Jefferies, Spartanburg, S. C.
42. H. B. Tate, Pacolet, S. C.
43. S. J. Taylor, Clifton, S. C.
44. Geo. E. Thompson, Inman, S. C., R. F. D.
45. R. E. Thompson, Inman, S. C., R. F. D.
46. J. O. Vernon, Wellford, S. C.
47. W. A. Wallace, Spartanburg, S. C.
48. S. A. Wideman, Woodruff, S. C.
49. H. H. Workman, Woodruff, S. C.
50. J. F. Williams, Roebuck, S. C.
51. G. DeFoix Wilson, Spartanburg, S. C.
52. A. R. Fike, Spartanburg, S. C.

SUMTER COUNTY MEDICAL SOCIETY.

President, F. K. Holman; Vice-President, H. A. Mood; Secretary and Treasurer, E. R. Wilson.
Delegate—H. M. Stuckey.

1. Archie China, Sumter, S. C.
2. S. C. Baker, Sumter, S. C.
3. Walter Cheyne, Sumter, S. C.
4. H. M. Stuckey, Sumter, S. C.
5. J. A. Mood, Sumter, S. C.
6. H. A. Mood, Sumter, S. C.
7. F M. Dwight, Sumter, S. C.
8. L. M. Parler, Sumter, S. C.
9. M. S. Kirk, Sumter, S. C.
10. J. C. Spann, (Honorary), Sumter, S. C.
11. Richard Furman, Sumter, S. C.
12. E. R. Wilson, Sumter, S. C.
13. E. F. Green, Sumter, S. C.
14. C. J. Lemmon, Sumter, S. C.
15. W. E. Mills, Sumter, S. C.
16. F. K. Holman, Sumter, S. C.

UNION COUNTY MEDICAL SOCIETY.

President, Theo Maddox; Secretary, R. R. Berry.
Delegate—S. G. Sarratt.

1. Theo Maddox, Union, S. C.
2. R. R. Berry, Union, S. C.
3. S. G. Sarratt, Union, S. C.
4. D. H. Montgomery, Union, S. C.
5. Crown Torrence, Union, S. C.
6. M. W. Culp, Union, S. C.
7. J. G. Going, Union, S. C.
8. J. H. Hamilton, Union, S. C.
9. J. T. Jeter, Santuc, S. C.
10. G. F. Mosely, Cross Keys, S. C.
11. O. L. P. Jackson, Union, S. C.

WILLIAMSBURG COUNTY MEDICAL SOCIETY.

President, W. H. Woods; Vice-President, T. B. Hinnant; Secretary and Treasurer, E. T. Kelly.
Delegate—C. D. Rollins.
Censors—W. S. Lynch, R. I. Moore.

1. J. B. Hinnant, Lake City, S. C.
2. W. L. Whitehead, Lake City, S. C.
3. S. B. W. Courteney, Lake City, S. C.
4. W. H. Woods, Lake City, S. C.
5. C. D. Rollins, Lake City, S. C.
6. J. D. Eaddy, Lake City, S. C.
7. J. D. Whitehead, Lake City, S. C.
8. R. I. Moore, Olanto, S. C.
9. W. H. Lynch, Scranton, S. C.
10. W. L. Wallace, Kingstree, S. C.
11. W. G. Gamble, Kingstree, S. C.
12. D. C. Scott, Kingstree, S. C.
13. C. D. Jacobs, Kingstree, S. C.
14. E. T. Kelly, Kingstree, S. C.
15. F. N. Boyd, Salters Depot, S. C.
16. W. H. Boyd, Salters Depot, S. C.
17. J. H. Pratt, Morrisville, S. C.
18. C. H. Pate, Scranton, S. C.
19. L. B. Johnson, Rome, S. C.
20. W. D. Rich, Gourdins, S. C.

YORK COUNTY MEDICAL SOCIETY.

President, W. W. Fennell; Vice-President, W. A. Hood; Secretary and Treasurer, Jno. I. Barron.
Delegates—E. W. Pressley, J. E. Massey.
Alternates—J. A. Bagger, M. J. Walker.

1. W. W. Fennell, Rock Hill, S. C.
2. W. A. Hood, Hickory Grove, S. C.
3. I. A. Bigger, Rock Hill, S. C.
4. R. A. Bratton, Yorkville, S. C.
5. T. A. Crawford, Rock Hill, S. C.

MEMBERS—Continued.

6. J. W. Campbell, Clover, S. C.
7. J. D. McDowell, Yorkville, S. C.
8. T. N. Dulin, Clover, S. C.
9. E. W. Pressley, Clover, S. C.
10. C. C. Leech, Hickory Grove, S. C.
11. W. M. Love, McConnellsville, S. C.
12. J. H. Saye, Sharon, S. C.
13. B. N. Miller, Smyrna, S. C.
14. M. B. Younge, Rock Hill, S. C.
15. J. R. Miller, Rock Hill, S. C.
16. M. J. Walker, Yorkville, S. C.
17. J. I. Barron, Yorkville, S. C.
18. W. L. Hart, Yorkville, S. C.
19. I. J. Campbell, Clover, S. C.
20. M. B. Nell, Clover, S. C.
21. J. E. Massey, Jr., Rock Hill, S. C.
22. C. O. Burruss, Sharon, S. C.
23. W. G. Stevens, Rock Hill, S. C.
24. T. B. Keel, Yorkville, S. C.

PHYSICIANS NOT MEMBERS OF THE MEDICAL SOCIETY.

Aiken County.

1. J. T. Baker, Langley, S. C.
2. W. S. Eubanks, Talatha, S. C.
3. P. H. Eve, Beach Island, S. C.
4. J. I. Green, Bath, S. C.
5. R. H. Golflin, Augusta, S. C., R. F. D.
6. M. M. LeCroy, Warrenville, S. C.
7. H. A. Odom, Springfield, S. C.
8. H. J. Salley, Salley, S. C.
9. Chas. Toole, Aiken, S. C.
10. G. O. Tyler, Jackson, S. C.
11. A. Holsonback, Graniteville, S. C.
12. A. D. Morgan, Toole, S. C.
13. R. K. Smith, Warrenville, S C.
14. W. Shellhouse, Graniteville, S. C.
15. Dr. Bush, Langley, S. C.

Abbeville County.

1. J. W. Keller, Abbeville, S. C.
2. A. J. Speer, Lowndesville, S. C.
3. W. E. Link, Willington, S. C.
4. J. Hicks, Calhoun Falls, S. C.
5. Dr. Goddard, Donalds, S. C.
6. J. E. Pressley, Abbeville, S. C.
7. J. W. Bell, Due West, S. C.
8. P. B. Carwile, Abbeville, S. C.
9. S. C. Cade, Willington, S. C.
10. L. T. Hill, Abbeville, S. C.

Anderson County.

1. Donnie Burris, Starr, S. C.
2. J. H. Sherley, Honea Path, S. C.

Clarendon County.

1. F. M. Harvin, Pinewood, S. C.

Chester County.

1. Dr. Meadow, Blackstock, S. C.
2. Dr. Gaston, Edgemore, S. C.

Darlington County.

1. R. F. Lee, Darlington, S. C., R. F. D. No. 1.
2. B. G. Pitts, Lamar, S. C., R. F. D. No. 1.
3. J. P. Parrott, Darlington, S. C., R. F. D. No. 1.
4. B. R. C. Wallace, Lamar, S. C., R. F. D. No. 1.

Dorchester County.

1. J. H. Alston, Summerville, S. C.
2. J. P. Minus, Ridgeville, S. C.
3. F. B. Ilderton, Summerville, S. C.

Greenville County.

1. J. E. Danile, Greenville, S. C.
2. Geo. T. Walker, Greenville, S. C.
3. Wm. S. Pack, Greenville, S. C.
4. B. F. Few, Greer, S. C.
5. W. E. Walker, Greer, S. C.
6. A. S. Howard, Simpsonville, S. C.
7. A. R. Hunter, Simpsonville, S. C.
8. D. B. Jackson, Tigerville, S. C.
9. J. A. Lindsay, Tigerville, S. C.

Dillon County.

1. T. C. McSwain, Bingham, S. C.
2. F. M. Munroe, Latta, S. C.
3. E. L. Brown, Latta, S. C.
4. F. L. Carpenter, Latta, S. C.
5. J. P. Auning, Dillon, S. C.
6. J. G. Rogers, Pages Mill, S. C.
7. C. R. Toben, Dillon, S. C.

Horry County.

1. J. A. Stone, Little River, S. C.
2. R. G. Sloan, Little River, S. C.
3. S. P. Watson, Mattie, S. C.
4. Dr. Ayres, Wampee, S. C.
5. J. E. Grant, Conway, S. C.

MEMBERS—Continued.

Kershaw County.

1. B. L. Norwood, Bethune, S. C.
2. J. W. A. Sanders, Longtown, S. C.

Cherokee County.

1. S. H. Griffith, Gaffney, S. C.
2. M. W. Smith, Gaffney, S. C.
3. W. L. Settlemeyer, Gaffney, S. C.
4. W. E. Fifield, Wilkinsville, S. C.
5. Dr. Lord (colored), Gaffney, S. C.
6. Dr. Ramseur, Blacksburg, S. C.
7. Dr. Ward, Blacksburg, S. C.

Lexington County.

1. W. T. Brooher, Swansea, S. C.
2. L. M. Mitchell, Batesburg, S. C.
3. F. L. Sandel, New Brookland, S. C.
4. U. S. Black, Leesville, S. C.
5. L. A. Riser, Leesville, S. C.
6. W. T. Gibson, Batesburg, S. C.

Oconee County.

1. F. S. Simpson, Westminster, S. C.
2. Bert Mitchell, Westminster, S. C.
3. C. W. Smith, Newry, S. C.
4. B. S. Sharp (colored), Seneca, S. C.
5. Dr. Collins, Walhalla, S. C.

Orangeburg County.

1. W. W. Wolf, Fort Motte, S. C.
2. E. Rast, Cameron, S. C.
3. T. Riley, Orangeburg, S. C., R. F. D.
4. Jno. Richenbaker, Cameron, S. C.
5. D. E. Connor, Bowman, S. C.
6. A. C. Baxter, Elloree, S. C.
7. J. E. Wannamaker, Bells, S. C.
8. J. D. S. Fairey, Branchville, S. C.
9. W. S. Jennings, Cordova, S. C., R. F. D.
10. J. G. Williams, Norway, S. C.
11. G. C. Baten,
12. A. W. Connor, North, S. C., R. F. D.
13. J. M. Davis, North, S. C.
14. J. H. McElveen, North, S. C.
15. L. Mack, Cordova, S. C.
16. D. J. Hydrick, Orangeburg, S. C.
17. J. A. Clifton, Orangeburg, S. C.
18. J. T. Wimberly, Branchville, S. C.
19. Julius Parker, Branchville, S. C.
20. Dan Morgan, Perry, S. C.
21. Paul Philips, Springfield, S. C.
22. T. A. Jones, Springfield, S. C.
23. S. J. Summers, Cameron, S. C.
24. J. G. Salley, Woodford, S. C.

Richland County.

1. J. E. Heise, Columbia, S. C.
2. F. D. Kendall, Columbia, S. C.
3. H. T. Kendall, Columbia, S. C.
4. B. K. H. Krepp, Columbia, S. C.
5. J. E. Poore, Columbia, S. C.
6. M. M. Rice, Columbia, S. C.
7. W. W. Ray, Congaree, S. C.
8. W. J. Rivers, Eastover, S. C.
9. J. R. Hopkins, Hopkins, S. C.

Saluda County.

1. G. L. Trotter, Wards, S. C.

Spartanburg County.

1. L. D. Parsons, Woodruff, S. C.
2. J. B. Wilson, Inman, S. C., R. F. D.
3. D. O. Leonard, Reidville, S. C.
4. C. P. Vincent, Enoree, S. C.
5. J. A. Martin, Cowpens.
6. W. L. Ezell, Boiling Springs, S. C.
7. J. E. McKinney, Brooklyn, S. C.
8. Geo. H. Jones, Crescent, S. C.
9. Geo. E. Meanus, Spartanburg, S. C., R. F. D.
10. Dr. Brawley, Tucapau, S. C.
11. Geo. Douglass, Campobello, S. C.
12. S. J. Taylor, Clifton, S. C.
13. R. G. Christopher, Landrum, S. C.
14. Dr. Sims, Cowpens, S. C.

Williamsburg County.

1. W. J. Haselden, (illegal), Cades, S. C.
2. T. R. Kelly, Cowards, S. C., R. F. D.
3. W. D. Rich, Gourdin, S. C.
4. W. V. Brockington, Kingstree, S. C.
5. C. D. Jacobs, Kingstree, S. C.
6. W. C. Scott, Kingstree, S. C.
7. J. L. Bass, Lake City, S. C.
8. L. B. Johnson, Rome, S. C.
9. A. L. Baker, Lamberts, S. C.

BOYDEN NIMS,

CHEMIST and MICROSCOPIST

Wendell Building

COLUMBIA ∴ S. C.

Special attention paid to the analysis of Food, Liquors, Water, Milk, Blood, Urine and other Animal Excretions also Court and Toxico-Legal Work.

Stains, Volumetric and Test Solutions Prepared